in skin disorders

Dealion



treats <u>more</u> patients <u>more</u> effectively
a new order of magnitude in corticosteroid effectiveness
a new order of magnitude in margin of safety

Striking clinical results with DECADRON are reported t in 92 percent of 319 patients with dermatological disorders, including cases previously unresponsive or resistant to corticosteroids. There were no major complications, and even minor side effects occurred in less than eight percent of patients.

Moreover, in many cases reactions induced by previous steroid therapy, such as edema, Cushingoid appearance, headache, vertigo, muscular weakness, depression, hirsutism, and glycosuria, disappeared during therapy with DECADRON.

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Dosage: One 0.75 mg. tablet of DECADRON will usually replace one 4 mg. tablet of methylprednisolone or triamcinolone, one 5 mg. tablet of prednisone or prednisolone, one 20 mg. tablet of hydrocortisone, or one 25 mg. tablet of cortisone. Supplied: As 0.75 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100 and 1000.

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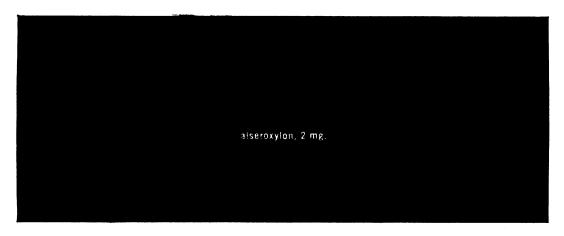
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Ideally Suited for Long-Term Therapy*



just two tablets at bedtime

After full effect one tablet



*Because

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Rauwiloid®+Veriloid®

alseroxylon 1 mg. and alkavervir 3 mg.

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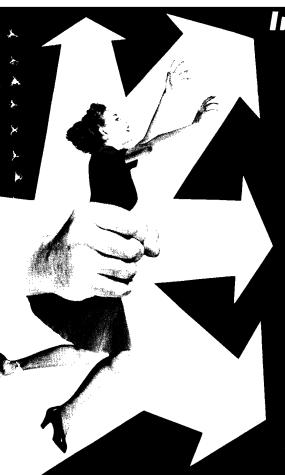
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Table 1.

		444	
No. of Patients	Results	Per	tent
6,822	Excellent	31	1%
11,201	Good		1%
2,802	Fair		8%
		44	
1,088	Unsatisfact		0%
622	Side effects	3.	0%
	and the		

Basic Hypertensive Therapy

Although many of the patients in the Study also received diuretics and/or tranquilizers during the course of treatment, it was noted that the vasodilating effect of Unitensen was required to obtain optimum blood pressure control. Unitensen, a true hypotensive agent is potentiated by diuretics. A combination of the two is frequently recommended for lower dosage of each drug, minimizing the side effects of either.^{1,2,3,4}

UNITENSEN-R®

Each tablet contains cryptenamine (tannates) 1.0 mg., reserpine 0.1 mg.

UNITENSEN-PHEN®

Each tablet contains cryptenamine (tannates) 1.0 mg., phenobarbital 15 mg.

UNITENSEN®

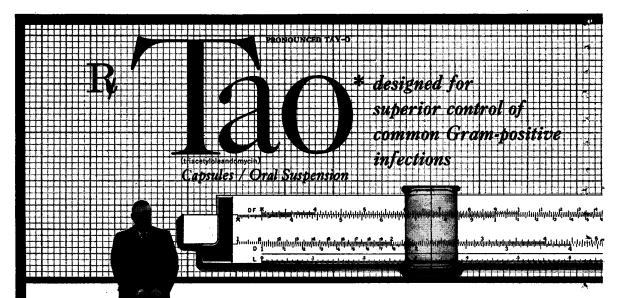
Each tablet contains cryptenamine (tannates) 2.0 mg.

Clinical supplies available upon request.

Bibliography:

- 1. Cohen, B. M.: "The Ambulatory Patient with Hypertension: An Approach to Office Management" Presented: American Medical Association Convention, San Francisco, California, June 22-27. 1958.
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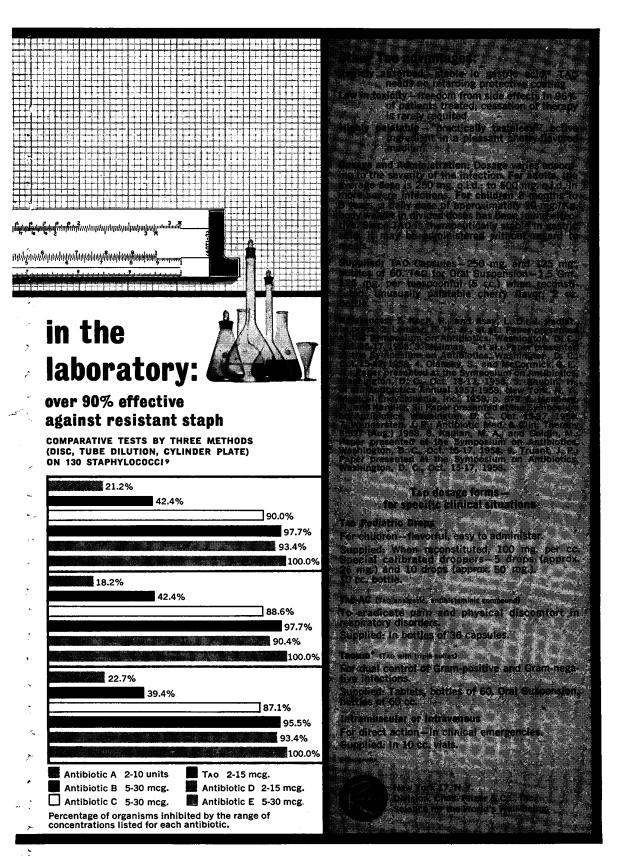
Irwin, Neisler & Co. Decatur, Illinois



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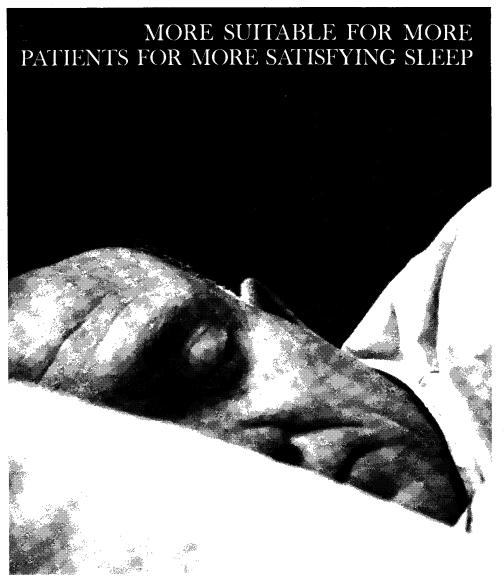
95% effective in published cases1-8

Conditions treated	No. of Patients	Family
ALL INFECTIONS	. 558	
Respiratory infections	258	10 TO
Pharyngitis and/or tonsillitis	65	75/2008/04/03 *** b 1.
Pneumonia	90	10 to
Infectious asthma	44	Def 1024-1048-116 T
Otitis media	31	1. 47 全页 (\$1 X 49)
Other respiratory	28	Wilder Co. Land
(bronchitis, bronchiolitis,		
bronchiectasis, pneumonitis,		4.5
laryngotracheitis, strep throat)		14 15 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Skin and soft tissue infections	230	CARCAR SALES
Infected wounds, incisions and	, ₄₄	A STATE OF THE PARTY OF THE PAR
lacerations	41	Carte Silver
Abscesses	51	C. 47(24)(24)(24)(14)
Furunculosis	-58	
Acne, pustular	43	75.0F9-158K
Pyoderma	19	
Other skin and soft tissue	18	1000 A
(infected burns, cellulitis, impetigo, ulcers, others)		
impengo, areers, earers,	<u> </u>	
Genitourinary infections	28	
Acute pyelitis and cystitis	. 10	
Urethritis with gonorrhea or cystitis	8	
Pyelonephritis	4	
Salpingitis	5	147.02 JH 176.68
Pelvic inflammation with endometriosis	1	
Miscellaneous	42	
(adenitis, enteritis, enterocolitis,		
subacute bacterial endocarditis, fever, hematoma, staphylococcus carriers,		
osteomyelitis, tenosynovitis, septic		
arthritis, acute bursitis, periarthritis)		The Court of the C
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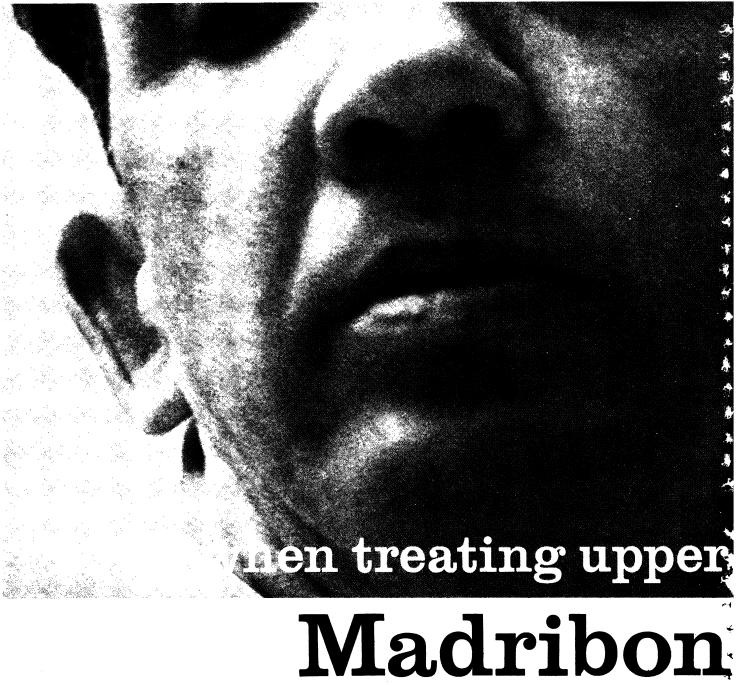


TAOMID: Each tablet contains Tao Triacetyloleandomycin 75 mg., Sulfadiazine 111 mg., Sulfamerazine 111 mg., Sulfamerhazine 111 mg. Each tsp. (5 cc.) contains Tao Triacetyloleandomycin 125 mg., Sulfadiazine 167 mg., Sulfamerazine 167 mg., Sulfamerhazine 167 mg.

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Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hangover" or "fog," because Doriden is rapidly metabolized. Average dose for insomnia: 0.5 Gm. at bedtime. SUPPLIED: Tablets, 0.5 Gm., 0.25 Gm. and 0.125 Gm. For a complimentary supply of Doriden 0.5-Gm. tablets write Ciba, Millbrae, California. Physician's signature and registration number must appear on request.



		Response		
Disease	No. of Patients	Good or Excellent	Poor	
Otitis media	72	65	7	
Bronchitis	11	10	1 .	
Obstructive laryngotracheitis	3	3	0.	
Tonsillitis	21	18	3	
Cervical adenitis	13	13	0 ॐ	
Purulent rhinitis or sinusitis	19	16	3 .	
Total	139	125	14 .	

From a study by E. H. Townsend and A. Borgstedt¹

safe "No side reactions to sulfadimethoxine were observed in the entire series of 167 patients."1 effective "Remarkable improvement, characterized by subjective relief and disappearance of inflammatory symptoms, occurred in 107 out of the 111 patients under study."2 economical "In. addition to the clinical efficiency attributable to sulfadimethoxine . . . the economy involved in medication with a fast-acting chemotherapeutic agent warrants its early use. . . . "3



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1. E. H. Townsend and A. Borgstedt, Antibiotics Annual 1958-1959, in press. 2. J. C. Elia, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 3. B. H. Leming, Jr., C. Flanigan, Jr. and B. R. Jennings, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 4 H. P. Ironson and C. Patel, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 5. S. Ross, J. R. Puig and E. A. Zaremba, Antibiotics Annual 1958-1959, in press. 6. J. D. Young, Jr., W. S. Kiser and O. C. Beyer, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 7. T. D. Michael, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 8. W. A. Leff, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 9. B. A. Koechlin, W. Kern and R. Engelberg, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 10. R. J.

Schnitzer and W. F. DeLorenzo, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 11. R. J. Schnitzer, W. F. DeLorenzo, E. Grunberg and R. Russomanno, Proc. Soc. Exper. Biol. & Med., 99:421, 1958. 12. W. F. DeLorenzo and R. Russomanno, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 13. B. Fust and E. Boehni, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 14. W. F. DeLorenzo and A. M. Schumacher, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959. 15. W. P. Boger, Antibiotics Annual 1958-1959, in press. 16. O. Brandman, C. Oyer and R. Engelberg, J. M. Soc. New Jersey, 56:24, Jan. 1959. 17. J. F. Glenn, J. R. Johnson and J. H. Semans, Antibiotic Med. & Clin. Therapy, 6: (Suppl. 1), 1959.

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TABLETS: 0.5 Gm, double scored, monogrammed, gold colored—bottles of 30, 250 and 1000. SUSPENSION: 0.25 Gm/teasp. (5 cc), custard flavored—bottles of 4 oz and



DIAMOX mobilizes bicarbonate and with it sodium, and the fluids of edema ... reduces water retention with no notable changes in blood pressure or electrolyte balance. One tasteless tablet each morning...easy to take...rapidly excreted ...does not interfere with sleep.

DIAMOX alternated with chloride-regulating agents provides more dynamic diuresis than can any used alone...helps potentiate diuretic effect and counterbalance the tendency toward systemic alkalosis of chlorothiazide and mercurials...lessens risk of drug tolerance...extends intensive diuretic therapy.

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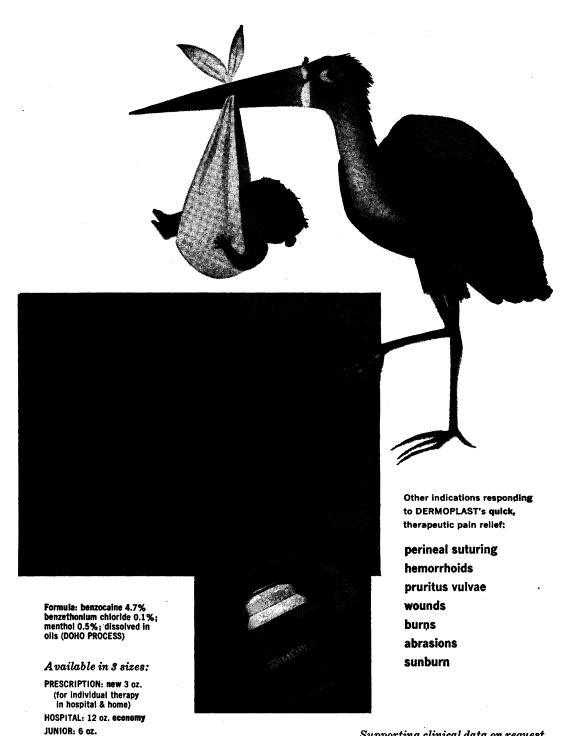
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(Continued in Back Advertising Section, Page 78)



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stuffy nose headache poor sleep apprehensiveness

140

No side effects

Singoserp in a dosage of 0.5 mg, daily lowered his blood pressure to 130/80, produced no side effects. Patient feels well, works well, speaks of marked improvement in outlook



Clinical findings in 900 patients show the selective antihypertensive action of Singoserp

IN 735 PATIENTS, BLOOD PRESSURE FELL AN AVERAGE OF 30.7 mm. Hg:

- more than half of these patients suffered from **moderate** to severe hypertension
- more than half of the cases involved hypertension of at least 6 years' standing, with many histories of up to 20 years' duration

THE SIDE-EFFECTS PROBLEM WAS MINIMIZED IN MOST PATIENTS:

Chart shows gratifyingly low incidence of side effects in 233 patients given Singoserp with no other antihypertensive medication

Side Effect	Number	Per Cent
Lethargy	7	2.9
Headache	6	2.5
Gastrointestinal upset	3	1.2
Vertigo	2	0.8
Nasal congestion	1	0.4

Dosage:

In new patients: Average initial dose, 1 to 2 tablets (1 to 2 mg.) daily. Some patients may require and will tolerate 3 or more tablets daily. Maintenance dose will range from ½ to 3 tablets (0.5 to 3 mg.) daily.

In patients taking other antihypertensive medication: Add 1 to 2 Singoserp tablets (1 to 2 mg.) daily. Dosage of other agents should be revised downward to a level affording maximal control of blood pressure and minimal side effects.

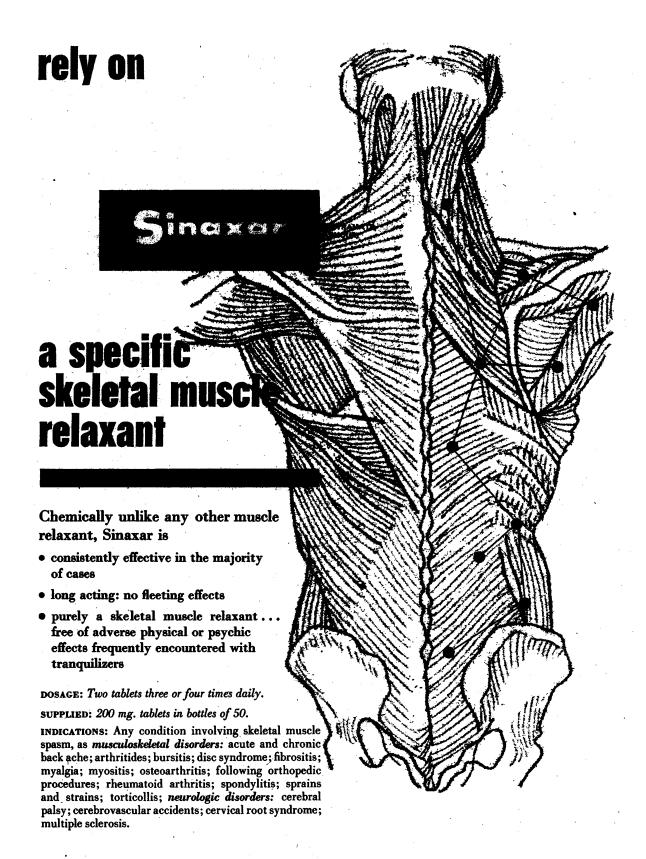


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a major improvement in rauwolfia

a major advance in antihypertensive therapy

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A psychotherapeutic antihistamine

[†]as designated by the A.M.A. Council On Drugs, 1958

Specific Antihistaminic Effect

reduces—erythema, excoriation and extent of lesions

Recommended Oral Dosage: 50 mg. q.i.d. initially; adjust according to individual response.

Psychotherapeutic Potency

relieves—tension, anxiety and itching.

Supplied as:

Vistaril Capsules—25 mg., 50 mg., 100 mg. Vistaril Parenteral Solution—10 cc. vials and 2 cc. Steraject® Cartridges, each cc. containing 25 mg. hydroxyzine (as the HCl)

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Overeating was Mrs. Hyde's substitute for the family life she used to have. The morning coffee klatisch carried her till the afternoon bridge game, when she nibbled on snacks until dinner. Now an Ambar #1 Extentab each morning controls her nibbling, while the temptations of social eating are overcome with a timely supplementary Ambar Tablet, 3.33 mg. methamphetamine hydrochloride and 1/3 gr. phenobarbital.

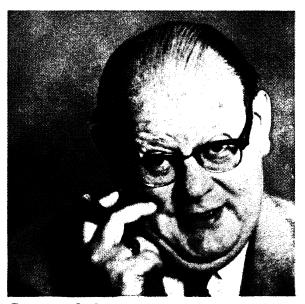


Overweight Mrs. Geller rebelled at the monotony of housekeeping chores and the antics of her school-age children added tension to boredom. Eating became an outlet for her emotions. A daily Ambar #1 Extentab,® an artful balance of 10 mg. methamphetamine hydrochloride and 1 gr. phenobarbital, not only curbed her appetite, but by aiding in a renewal of creative interests, tempered her reactions to minor irritations.





Obesity and Mrs. Adams seem inseparable. She has tried all the current diet fads her friends, relatives, and the newspapers tell her to try, and she says they don't work. She knows how unrelenting are the frustrations that drive her to overeating. She can use the more potent dose of the $1\overline{5}$ mg. methamphetamine hydrochloride with 1 gr. phenobarbital in Ambar #2 Extentabs.®



Successful Mr. Holt runs a fine business and eats lunches and dinners in the best restaurants. He attacks his food with the same determination that made him a business success. Because eating is his outlet for the minor anxieties and frustrations of an active life, he has eaten his way into a health problem. An **Ambar** regimen will help control his appetite and at the same time lift his mood





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Dimetane works to relieve the symptoms in urticarial reactions, as it does in allergic rhinitis, atopic and contact dermatitis. The summary conclusion of extensive clinical studies to date: Dimetane provides unexcelled antihistaminic potency with minimal side effects—in the whole gamut of allergic disorders. For your patient with allergic symptoms prescribe Dimetane, available in the following forms: ORAL: Extentabs (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.). PARENTERAL: Dimetane-Ten



Injectable (10 mg./cc.) or Dimetane-100 Injectable (100 mg./cc.). A. H. Robins Co., Inc., Richmond 20, Virginia. Ethical Pharmaceuticals of Merit Since 1878.

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OINTMENT: Tubes of ½ oz. and ½ oz. (with applicator tip) for ophthalmic or dermatologic application.

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OINTMENT: Tubes of ½ and 1 oz. and tubes of ½ oz. with ophthalmic tip.

OPHTHALMIC SOLUTION: Bottles of 10 cc. with sterile dropper. Polymyxin B-Neomycin-Gramicidin
LOTION: Plastic squeeze bottles of 20 cc. Polymyxin B-Neomycin
POWDER: Shaker-top bottles of 10 Gm. Polymyxin B-Neomycin-Bacitracin

*POLYSPORIN**

Offers combined antibiotic action for treating conditions due to susceptible organisms amenable to local medication.

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so versatile you can give it intramuscularly

intravenously

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RAPID, EFFECTIVE BLOOD LEVELS

CHLOROMYCETIN SUCCINATE is rapidly hydrolyzed by body esterases and produces effective blood and tissue concentrations of CHLOROMYCETIN within a short time.¹ Although the intravenous route provides high immediate serum concentrations, after four hours the blood levels of CHLOROMYCETIN for all three routes are about equal, and effective concentrations are maintained for eight hours.²

WIDE-SPECTRUM ANTIMICROBIAL EFFECTIVENESS CHLOROMYCETIN SUCCINATE, providing broad-spectrum antimicrobial effectiveness, may be used whenever CHLOROMYCETIN is indicated. It has produced effective response

TYPICAL CLINICAL EXPERIENCE WITH CHLOROMYCETIN SUCCINATE

	RESULTS			
Type of infection	Number of Patients	Excellent to Good	Fair	Poor
Respiratory ^{3,4} *	32	32		Mary 1
Shigella dysentery ^a	14	14		
Enteritis*	10	6	2	2
Bacteremia ^{3,5}	5	5		
Meningitis ^{3,5}	4	3		1**
Rocky Mountain			1	
spotted fever ^{3,5}	2	2	- 100 ju	
Ear abscess with				
cellulitis'	1	1		
Lung abscess'	1			1
Typhoid fever ⁵	1	1		
TOTALS	70	64	2	4

^{*}Includes 15 patients who were administered CHLOROMYCETIN SUCCINATE by nebulization under intermittent positive pressure breathing.

in respiratory, gastrointestinal, and rickettsial infections.³⁻⁵ Because of the rapid, effective blood levels of CHLOROMYCETIN provided, it is especially useful in *Hemophilus influenzae* meningitis, in certain septicemias, typhoid fever, and other *Salmonella* infections.^{3,5}

WELL TOLERATED

CHLOROMYCETIN SUCCINATE is well tolerated, even by small children. Signs of irritation at injection sites have been few.¹⁻⁵ Its relative freedom from irritation makes it possible to use CHLOROMYCETIN SUCCINATE for prolonged periods in patients who are not able to take oral medication.

DOSAGE AND ADMINISTRATION—Adults: 1 Gm. every six to eight hours. Children: 100 mg. per Kg. of body weight per day in divided doses at six- to eight-hour intervals. The total dose in children should not exceed the adult dose of 1 Gm. given at any single injection, with exception of treatment of Hemophilus influenzae meningitis in which higher doses are employed.

In all cases, severity of infection and clinical response to therapy should be the guiding factors determining the proper dosage schedule. Premature and full-term newborn infants require special dosage supervision. For details see literature.

SUPPLY—CHLOROMYCETIN SUCCINATE (chloramphenicol sodium succinate, Parke-Davis) is supplied in Steri-Vials, each containing the equivalent of 1 Gm. chloramphenicol; packages of 10.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately, or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

REFERENCES — (1) Glazko, A. J., et al., in Welch, H., & Martilbañez, E: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 792. (2) Unpublished data: Research Laboratories, Parke, Davis & Company, 1958. (3) Ross, S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Martilbañez, E: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 803. (4) Payne, H. M., & Hackney, R. L., Jr.: ibid., p. 821. (5) McCrumb, F. R., Jr.; Snyder, M. J., & Hicken, W. J.: ibid., p. 837.

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^{**}Patient was hydrocephalic at birth; cerebrospinal fluid was sterile at time of death.

Convenient information for physicians starting diabetic patients on

ABINESE

simple once-a-day dosage in practice

During the initial control period, the patient should check his urine at frequent intervals, and report at least once weekly for review of symptoms, physical examination, urine and/or blood examination for glucose.

The New Patient (no previous antidiabetic therapy)

- 1. Initial daily dose 500 mg. (2 tablets of 250 mg. each) with breakfast.
- 2. In elderly patients, initial dose 250 mg. (1 tablet) daily.
- 3. CONTROL PERIOD
- (a) If blood sugar reaches normal levels after three to seven days, or if glycosuria disappears, lower daily dose of 500 mg. to a level between 250 mg. (1 tablet) and 375 mg. (1½ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage may be reduced to as low as 100 mg.
- (b) If hyperglycemia or glycosuria persists or develops, increase the daily dose from 500 mg. to 625 mg. $(2\frac{1}{2})$ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage should be increased from 250 mg. according to patient response.
- (c) Continue weekly adjustments during first month of therapy until maintenance dose has been established. Adjustments below 250 mg. daily are best made in steps of 100 mg. (one 100 mg. tablet). The maintenance dose may occasionally be as low as 100 mg. (one 100 mg. tablet daily) or, rarely, as high as 1.0 Gm. (four 250 mg. tablets) daily. Do not exceed daily dose of 1.0 Gm.

Transfer of Patient from Insulin

- 1. If patient is taking 40 or less units of insulin daily and gives no history of severe or "brittle" diabetic response, discontinue insulin and replace with DIABINESE as in The New Patient.
- 2. Complete control period as for The New Patient. Priming ("loading") doses should not be used.
- 3. If patient is taking more than 40 units of insulin daily, or shows evidence of severe or brittle diabetes, reduce insulin dose by 50 per cent and initiate DIABINESE therapy as for The New Patient. Further reduction of insulin dosage depends on patient response.

Transfer of Patient from Other Oral Medication

Where less than satisfactory control has been achieved with other oral medication, or where a change to once-a-day dosage is desired, DIABINESE may be successfully substituted. Such a transfer may be made by discontinuing previous oral medication, substituting DIABINESE, and continuing control period as for The New Patient. Avoid priming doses.

The clinical safety of DIABINESE has been established by more than two years' trial. By adherence to the above dosage schedule, side effects of DIABINESE will generally be infrequent, mild, and transient.



once-a-day dosage

THE MOST EFFECTIVE ORAL ANTIDIABETIC AVAILABLE

SUPPLIED: Tablets, 250 mg., bottles of 60 and 250, white, scored. 100 mg., bottles of 100, white, scored.



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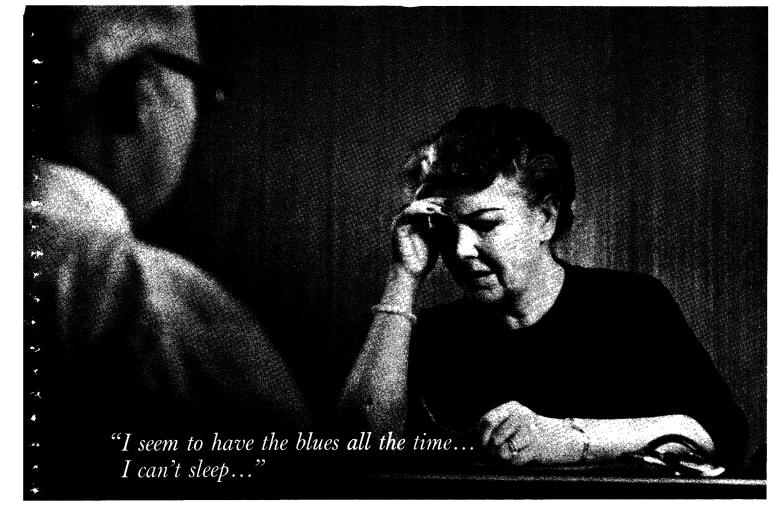
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in the depressed, unhappy patient

PROMPTLY IMPROVES MOOD

without excitation

- Acts fast to relieve depression and its common symptoms: sadness, crying, anorexia, listlessness, irritability, rumination, and insomnia.
- **Restores normal sleep**—without hang-over or depressive aftereffects. Usually eliminates need for sedative-hypnotics.

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Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each light-pink, scored tablet contains 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.

References:

- 1. Alexander, L.: J.A.M.A. <u>166</u>:1019, March 1, 1958.
- 2. Current personal communications; in the files of Wallace Laboratories.
- 3. Pennington, V.M.: Am. J. Psychiat. 115:250, Sept. 1958.



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*WALLACE LABORATORIES, New Brunswick, N. J.

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major source of top quality protein in the American diet

Calculations from latest U. S. Government data* reveal that meat exceeds all other food groups in supplying protein to the American diet.

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These figures mean that Americans may well depend on meat as their major source of protein for day-to-day nutrition. In addition to the significant amounts of top quality protein, all meats—including beef, veal, pork, and lamb—provide the gamut of B vitamins and necessary minerals such as iron, potassium, and phosphorus.

In our country meat is always available for its valuable contribution to the fulfillment of protein needs—whether in health or in disease. Thus, it is probable that because of the vast availability of meat and because of America's liking for meat, we have been called "the best fed nation in the world."

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

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^{*}Agriculture Handbook No. 62, U. S. Department of Agriculture, 1957 (Sept.) p. 33.

"morning sickness" the night before with timed-release Bendectin 2 tabs. h.s.



PREVENTS "MORNING SICKNESS" IN 9 OUT OF 10 PREGNANCIES

In 941 cases^{1,2} effective in all but 17. Two timed-release tablets at bedtime start to work in the early morning and reach maximum potency at normal waking hour. Bendectin then provides exceptional relief of nausea and vomiting by three distinct and complementary actions. 1. Antispasmodic—Bentyl 10 mg.—relaxes G-I smooth-muscle spasm; 2. Antinauseant—Decapryn 10 mg.—centrally effective... combats histamine-like metabolites often present in blood stream during pregnancy; 3. Nutritional supplement—pyridoxine 10 mg.—just the amount necessary to help control "morning sickness."

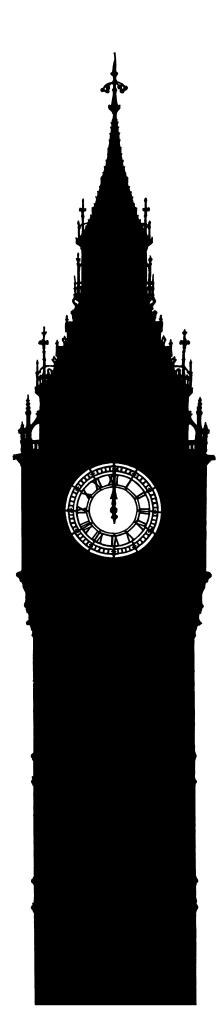
1. Nulsen, R. O.: Ohio State M. J. 53:665, 1957. 2. Personal communications, 1956-57.

Formula: Each tablet contains:

Bentyl (dicyclomine) Hydrochloride 10 mg. Decapryn (doxylamine) Succinate 10 mg. Pyridoxine Hydrochloride 10 mg.



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The ideal cerebral tonic and stimulant for the aged.

NICOZOL therapy (the original formula) affords prompt relief of apathy. Patients generally look better, feel better; become more cooperative, cheerful and easier to manage. No dangerous side effects.

Contains: 100 mg. pentylenetetrazol, 50 mg. niacin per capsule or 1/2 teaspoonful elixir.

Supply: Capsules • Elixir

For relief of agitation and hostility: NICOZOL with Reserpine Tablets

100 mg. pentylenetetrazol, 50 mg. niacin, 0.25 mg. reserpine.





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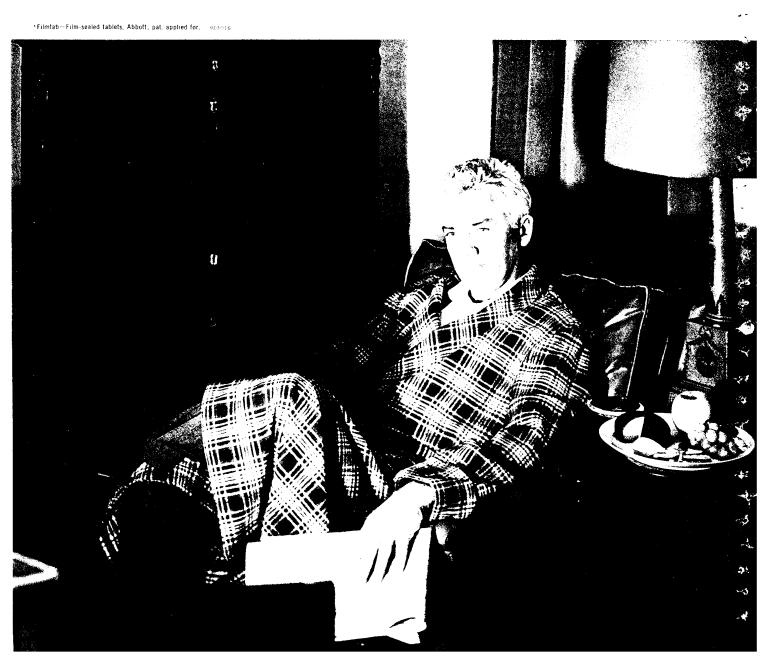
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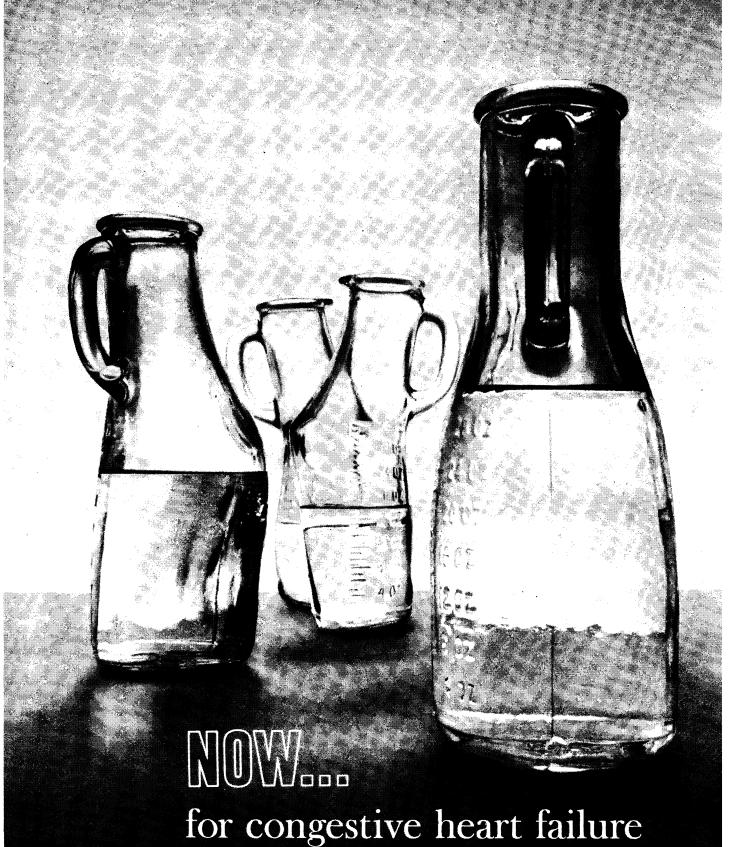
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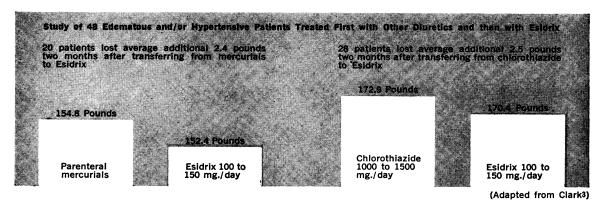
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Esidrix: 10 to 15 times more active than chlorothiazide in edema and hypertension

Esidrix relieves edema in many patients refractory to other diuretics: Studies reveal that certain patients unresponsive or refractory to mercurials and chlorothiazide respond readily to Esidrix. Brest and Likoff¹ observed that 9 of 12 patients with congestive heart failure — who failed to respond to other diuretics — were completely controlled with Esidrix. Esidrix appears to have clinical value even after the patient has developed partial tolerance to chlorothiazide, and may be found useful in cases of sensitivity to chlorothiazide.²

Therapy with Esidrix often results in more weight loss than with other diuretics: In a study³ of 48 patients with edema and/or hypertension, who were treated originally with chlorothiazide or with mercurial diuretics, substitution of Esidrix at a dose of 100 to 150 mg./day resulted in additional average weight loss of 2.4 to 2.5 pounds.



Esidrix Dose

chlorothlazide dose

REFERENCES

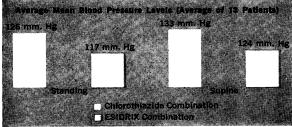
L. Brest, A. N., and Likoff, W.: Am. J. Cardiol. 3:144 (Feb.) 1959. 2. Esch, A. F., Wilson, I. M., and Freis, E. D.: M. Ann. District of Columbia 28:9 (Jan.) 1959. 3. Clark, G. M.: Clinical report to CIBA. 4. Dennis, E. W.: Clinical report to CIBA. 5. Hejtmancik, M. R., Herrmann, G. R., and Kroetz. F. W.: In press. [A preliminary report by these investigators has been published in Texas J. Med. 54:854 (Dec.) 1958.]

A product of CIBA research





Produces greater average reduction in blood pressure: Eleven of 13 hypertensive patients⁴ were treated initially with a chlorothiazide-mecamylamine-reserpine combination (10 patients had 1000 mg. and 1 patient 500 mg. chlorothiazide daily); 1 patient had been treated with hydralazine and 1 had no previous medication. Nine were then transferred to an Esidrix-mecamylamine-reserpine combination and 4 to an Esidrix-reserpine combination for periods of 3 to 7 weeks (12 patients had 100 mg. and 1 patient 50 mg. Esidrix daily). Average mean blood pressure levels were recorded in the standing and supine positions. As shown in graph below, left, there was a further drop in blood pressure after patients were transferred to Esidrix.

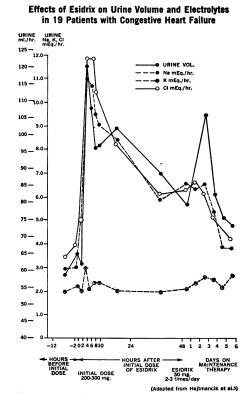


(Adapted from Dennis4)

Exceptional safety...reduced likelihoodof electrolyte imbalance: While Esidrix markedly increases sodium and chloride excretion, it has far less effect on excretion of potassium (see chart at right) and bicarbonate. Hence, there is little likelihood of disturbing electrolyte balance when recommended procedures are followed.

DOSAGE: Esidrix is administered orally in an average dose of 75 to 100 mg. daily, with a range of 25 to 200 mg. A single dose may be given in the morning or tablets may be administered 2 or 3 times a day.

SUPPLIED: Tablets, 25 mg. (pink, scored); bottles of 100 and 1000. Tablets, 50 mg. (yellow, scored); bottles of 100 and 1000.



Free Booklet and Samples

A request on your professional letterhead or prescription form will bring to you complete information, and a supply of samples. Please address the Loma Linda Food Company, Arlington, California, or Mount Vernon, Ohio.

Medical Products Division

LOMA LINDA FOOD COMPANY

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Make wine Soyalag

Provides balanced nutritional values

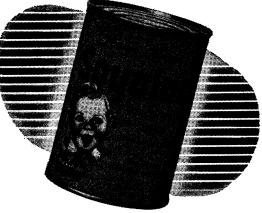
- Fibre-free HYPOALLERGENIC formula.
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SOYALAC helps solve the feeding problem of prematures and infants requiring milk-free diet.

Strikingly similar to mother's milk in composition and ease of assimilation, babies thrive on SOYALAC.

Clinical data furnish evidence of SOYALAC'S value in promoting growth and development.

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The menopausal patient in need of psychic support...the postpartum patient suffering the "baby blues"... the convalescent patient worried about her future health... these and many other patients will often benefit from the antidepressant, mood-lifting effect of



R Tablets • Elixir
Spansule® sustained release capsules

Each 'Dexamyl' Tablet or 5 cc. teaspoonful of Elixir contains: 'Dexedrine' (brand of dextro amphetamine sulfate), 5 mg., and amobarbital, ½ gr. Each 'Dexamyl' Spansule (No. 1) gradually releases the equivalent of two tablets; each 'Dexamyl' Spansule (No. 2) gradually releases the equivalent of three tablets.

When the depressed patient is particularly listless and lethargic, she will often benefit from the gentle stimulating effect of

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Each 'Dexedrine' Tablet or 5 cc. teaspoonful of Elixir contains 5 mg. of dextro amphetamine sulfate. Each 'Dexedrine' *Spansule* sustained release capsule contains dextro amphetamine sulfate, 5 mg., 10 mg., or 15 mg.

Smith Kline & French Laboratories

Viterra Tastitabs: 1 tablet daily, or as directed by the physician. Viterra Tastitabs may be dissolved in the mouth, chewed or swallowed whole, and may also be crushed and mixed with liquids. Each tablet contains vitamin and mineral elements in the following proportions of minimum daily requirements:

imants	Aquits
333%	125%
	250%
400%	100%
500%	167%
	100%
13.3%	10%
50%	50%
	383% 250% 400% 500% 400%

The minimum daily requirements of Nia-cinamide, Vitamin B₁₂ Pyridoxine, Cop-per, Magnesium and Potassium have not yet been determined. The need for Cal-cium Pantothenate, Cobalt, Manganese, Molybdenum and Zine in human nutrition has not been established. Literature avail-

Viterra-each capsule contains:

Vitamin A (Palmitate)..5,000 U.S.P. Units Vitamin D (Irradiated

Argusteron		
Thiamine Mononitrate3 mg.		
Riboflavin3 mg.		
Nicotinamide25 mg.		
Pyridoxine Hydrochloride0.5 mg.		
Calcium Pantothenate5 mg.		
Vitamin B ₁₂ 1 mcg.		
Ascorbic Acid50 mg.		
Vitamin E (from Mixed Tocopherols		
Concentrate)3.7 Int'l Units		
Calcium (from Dicalcium		

Calcium (from Dicalcium
Phosphate)38.8 mg.
Phosphorus (from Dicalcium
Phosphate)30.1 mg.
Iron (from Ferrous Sulfate)10 mg.
Cobalt (from Cobalt Sulfate) 0.1 mg.
Copper (from Copper Sulfate)1 mg.
Iodine (from Potassium Iodide)0.15 mg.
Magnesium (from Magnesium
Sulfate)6 mg.
Manganese (from Manganese
Sulfete) 1 mg

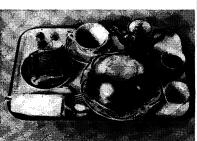
Molybdenum (from Sodium Molvbdate)

Viterra Therapeutic-each capsule con-

.6.0 mg.

...1.0 mg ..0.2 mg. Phosphate) .80.0 mg.







That's the patient with the right form of VITERRA on his regimen! This comprehensive vitamin-mineral formula is ideal in frank nutritional deficiency states (VITERRA Therapeutic) or in daily supplementation (VITERRA Capsules, VITERRA Tastitabs® and VITERRA Pediatric).

VITERRA Therapeutic: when high potencies are indicated.

VITERRA Capsules: 10 vitamins, 11 minerals for balanced daily supplementation. Now in a soft, soluble capsule this small for added patient convenience.

VITERRA Tastitabs: VITERRA the way children like it best. Chew it, swallow it, let it melt in the mouth. Dissolve it in liquids, or add it to the formula.

Or prescribe convenient, delicious VITERRA Pediatric in the unique new Metered-Flow bottle.

Dosage: usually one capsule or Tastitab daily.

Supplied: capsules: in 30's and 100's. TASTITABS: bottles of 100.

VITERRA PEDIATRIC: 50 cc. bottles.



New York 17, N. Y. Division, Chas. Pfizer & Co., Inc. Science for the World's Well-Being



A workhorse
"mycin"
for
common
infections



respiratory infections

prompt, high blood levels

consistently
reliable
and reproducible
blood levels

minimal adverse reactions

With well-tolerated CYCLAMYCIN, you will find it possible to control many common infections rapidly and to do so with remarkable freedom from untoward reactions. CYCLAMYCIN is indicated in numerous bacterial invasions of the respiratory system—lobar pneumonia, bronchopneumonia, tracheitis, bronchitis, and other acute infections. It has been proved effective against a wide range of organisms, such as pneumococci, H. influenzae, streptococci, and many strains of staphylococci, including some resistant to other "mycins." Supplied as Capsules, 125 and 250 mg., vials of 36; Oral Suspension, 125 mg. per 5-cc. teaspoonful, bottles of 2 fl. oz.



CYCLAMYCIN®

Triacetyloleandomycin, Wyeth





Droven

in over three years of clinical use in over 600 clinical studies

Specific

FOR RELIEF OF ANXIETY AND MUSCLE TENSION

Selective

Does not interfere with autonomic function
Does not impair mental efficiency,
motor control, or normal behavior
Has not produced hypotension,
agranulocytosis or jaundice



^M-8043

for total nanage) of itchin infected skin lesions



Cleared in 5 days

Kenalog, Spectrocin and Mycostatin in Plastibase

antipruritic/anti-inflammatory/antibacterial/antifungal

Mycolog Ointment - containing the new superior topical corticoid Kenalog - reduces inflammation.3,4 relieves itching,1,2 and combats or prevents bacterial, monilial and mixed infections.5-7 It is extremely well tolerated, and assures a rapid, decisive clinical response for most infected dermatoses.

"Thirty-one of 38 patients . . . obtained excellent or good control of dermatological lesions . . . [Mycolog] was highly effective, particularly in the management of mixed infections. Several recalcitrant eruptions which had not responded to previous therapy were remarkably responsive to the daily application of this preparation over periods of 2 to 3 weeks."

For total management of itching, inflamed, infected skin lesions, Mycolog contains triamcinolone acetonide, an outstanding new topical corticoid for prompt, effective relief of itching, burning and inflammation -- neomycin and gramicidin for powerful antibacterial action? - and nystatin for treating or preventing Candida (Monilia) albicans infections.*.

Application: Apply 2 to 3 times daily. Supply: 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1%) triam. Application: Apply 2 to 3 times daily. Supply: 5 Gm. and 15 Gm. tubes. Each gram supplies 1.0 mg. (0.1%) triam-cinolone acetonide, 2.5 mg. neomycin' base, 0.25 mg. gramicidin, and 100,000 units nystatin in PLASTRAGE. References: 1. Shelmire, J.B., Jr.: Monographs on Therapy 3:123 (Nov.) 1958. • 3. Robinson, R.C.V.: Bull. School of Med., U. Maryland 43:54 (July) 1958. • 4. Sternberg, T.H.: Newcomer, V.D., and Reisner, R.M.: Monographs on Therapy 3:115 (Nov.) 1958. • 5. Clark, R.F., and Hallett, J.J.: Monographs on Therapy, 3:153 (Nov.) 1958. • 6. Smith J.G., Jr.; Zawisza, R.J., and Blank, H.: Monographs on Therapy, 3:111 (Nov.) 1958. • 7. Monographs on Therapy, 3:137 (Nov.) 1958. • 8. Howell, C.M., Jr.: North Carolina M.J. 19:449 (Oct.) 1958. • 9. Bereston, E.S.: South M.J. 50:547 (April) 1957. And whatever the topical corticoid need, a suitable Squibb formulation is available — Kenalog's Lotion—7½ cc. plastic squeeze bottles. Each cc. supplies 1.0 mg. (0.1%) triamcinolone acetonide, 2.5 mg. neomycin base and 0.25 mg. gramicidin. Kenalog Cream, 0.1%—5 Gm. and 15 Gm. tubes. Kenalog Lotion, 0.1%—15 cc. plastic squeeze bottles. Kenalog Ointment, 0.1%—5 Gm. and 15 Gm. tubes.



Cleared in 20 days



SQUIBB



TABLETS AND ELIXIR

To add life to years—not merely years to life ... Niatric sharpens mental acuity and promotes a return to more normal social and physical activity for your aged patients.

In the Old Age Syndrome . . . Niatric relieves confusion, forgetfulness, irritability, depression and apathy—the penalties of advancing age.

- Niatric improves respiration and cerebral function
- Niatric improves circulation
- Niatric protects capillary integrity
- Niatric prevents brain tissue hypoxia

Send now for samples and literature . . .



B. F. ASCHER AND COMPANY, INC.

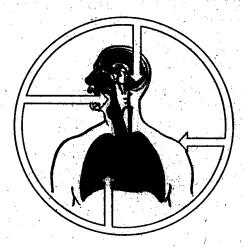
Ethical Medicinals / Kansas City, Missouri

Niatric contains:
Pentylenetetrazol
Nicotinic Acid
Ascorbic Acid
Bioflavonoids
Alcohol

Niatric contains:
Each Tablet:
5 cc. Elixir:
100 mg.
100 mg.
50 mg.
100 mg.
100 mg.
100 mg.

Average Dese: 1 tablet or 1 tsp. (5 cc.) t.i.d.
Supply: Tablets, bottles of 100 and 500.
Elixir, bottles of 1 pint.

Now-All cold symptoms can be controlled



Provides Triaminic for more complete and more effective relief from nasal and paranasal congestion because of systemic transport to all respiratory membraneswithout drawbacks of topical therapy.†

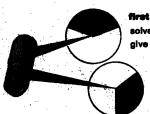
Provides well-tolerated APAP (N-acetyl-paminophenol) for prompt and effective analgesic and antipyretic action to make the patient more comfortable.

Provides Dormethan (brand of dextromethorphan HBr) for non-narcotic antitussive action on the cough reflex center in the medulla-as effective as codeine but without codeine's drawbacks.

Provides terpin hydrate, classic expectorant to thin inspissated mucus and help the patient clear the respiratory passages.

† Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957. Fabricant, N. D.: E. E. N. T. Monthly 37:460 (July) 1958. Farmer, D. F.: Clin. Med. 5:1185 (Sept.) 1958.

Special "timed release" design



first -the outer fayer dissolves within minutes to give 3 to 4 hours of relief

> then -the inner core releases its ingredients to sustain relief for 3 to 4 more hours

Also available: Tussagesic Suspension (25 mg. Triaminic, 15 mg. Dormethan, 90 mg. terpin hydrate, 120 mg. APAP per 5 ml. tsp.)

Each TUSSAGESIC tablet provides:

TRIAMINIC®	50 mg.
(phenylpropanolamine HCl 25	mg.
	mg.
pyrilamine maleate 12.5	mg.)
Dormethan	
(brand of dextromethorphan HBr)	30 mg.
Terpin hydrate	180 mg.
APAP (N-acetyl-p-aminophenol)	325 mg.

Dosage: One tablet in the morning, midafternoon and in the evening, if needed.

Tussagesic timed-release





running noses and open stuffed nosesorally

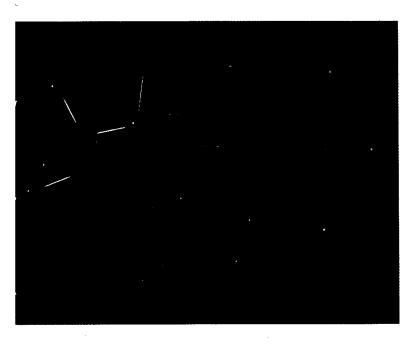
SMITH-DORSEY . a division of The Wander Company . Lincoln, Nebraska . Peterborough, Canada

2½ minutes of your time reading about Trancopal may change your prescription habits when treating musculoskeletal and psychogenic disorders.

ITANCOPAL® the first true tranquilaxant*

Potent MUSCLE RELAXANT ... Equally effective as a TRANQUILIZER

* tran-qui-lax-ant (tran'kwi-lak'sant) [< L. tranquillus, quiet; L. laxare, to loosen, as the muscles]



Trancopal, a major development of Winthrop research, is a new orally administered nonhypnotic central relaxant and tranquilizer. It relieves muscle spasm in a variety of musculoskeletal and neurologic conditions and also exerts a marked tranquilizing effect in anxiety and tension states.

Unrelated chemically to any other drug in current use, Trancopal offers a completely new major chemical contribution to therapeutics.

Thoroughly evaluated clinically...

Clinical studies of 4092 patients by 105 physicians¹ have demonstrated that Trancopal often is effective when other drugs have failed. From these studies it is evident that Trancopal can provide more help for a greater number of tense, spastic, and/or emotionally upset patients than can any other chemotherapeutic agent in current use.

In musculoskeletal conditions¹

effective in Of patients

INDICATIONS

Low back pain (lumbago)

Neck pain (torticollis)

Bursitis

Rheumatoid arthritis

Osteoarthritis

Disk syndrome

Fibrositis

Joint disorders (ankle sprain,

Myositis

tennis elbow, etc.)

Postoperative myalgias

By relieving muscle spasm and pain, Trancopal permits early and active purposeful exercise and physical therapy to accomplish maximal benefits for rapid recovery.

Trancopal

Dosage: One Caplet (100 mg.) orally three or four times daily. Relief of symptoms occurs in fifteen to thirty minutes and lasts from four to six hours.

In anxiety and tension states¹

effective in SS of patients

INDICATIONS

Anxiety and tension states

Dysmenorrhea

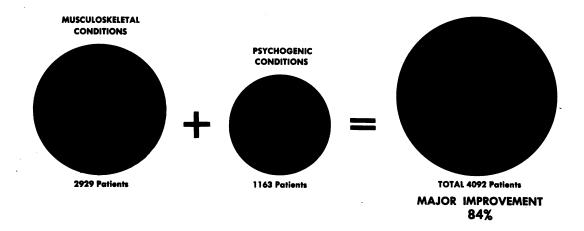
Premenstrual tension

Asthma

Emphysema

Angina pectoris

Because of its exceptional calmative property, Trancopal "...allows the patient to use his energies in a more productive manner in overcoming his basic problem."²



Of the total patients treated, Trancopal produced excellent results in 43 per cent, good results in 41 per cent, fair results in 6 per cent, and poor results in 10 per cent.

Better tolerated and safer than older drugs³

With Trancopal there is no clouding of consciousness, no euphoria or depression. Even in high dosage, there is no perceptible soporific effect. Because it does not irritate gastric mucosa, it can be taken without regard to mealtimes. Administration does not hamper work — or play. There are no known contraindications. Blood pressure, pulse rate, respiration and digestive processes are unaffected by therapeutic dosage. Toxicity is extremely low. And Trancopal has a lower incidence of side effects than has zoxazolamine, methocarbamol or meprobamate.

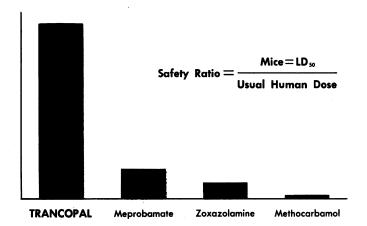
Comparison with 3 widely used central relaxants

When compared with three widely used central relaxants for activity, safety and clinical effectiveness, Trancopal offers definite desirable advantages.



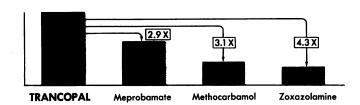
for activity

In the usual human dose, Trancopal is four to ten times as potent per milligram.



for safety

Comparative pharmacologic tests showed that Trancopal is up to thirteen times as safe or up to thirteen times less toxic. The measure of safety was the LD50 in mice/usual human dose.



for clinical effectiveness

A clinical comparison in low back pain, torticollis, bursitis and anxiety states showed that Trancopal is up to four times as effective. Each of the 40 patients received all four drugs in random rotation for several days. Although each of the four gave some relief, only the one providing the most effective relief was recorded.

Supplied: Trancopal Caplets (scored) 100 mg., bottles of 100.

References: 1. Cooperative Study, Department of Medical Research, Winthrop Laboratories. • 2. Gans, S.E.; To be published. • 3. Lichtman, A.L.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958.



... Equally effective as a

TRANQUILIZER

Winthrop Laboratories / New York 18, New York

Printed in U. S. A. 3-59 (4027)

Trancopal (brand of chlormezanone) and Caplets, trademarks reg. U.S. Pat. Off.



V-CILLIN K[®]...

dependable, fast, effective therapy

V-Cillin K produces therapeutic blood levels in all patients within five to fifteen minutes after administration—levels higher than those attained with any other oral penicillin. Infections resolve rapidly. *Dosage*: 125 or 250 mg. three times daily. *Supplied*: In scored tablets of 125 and 250 mg. (200,000 and 400,000 units).

New: V-Cillin K® Sulfa. Each tablet combines 125 mg. of V-Cillin K with 0.5 Gm. of the three preferred sulfonamides.

New: V-Cillin K, Pediatric, a taste treat for young patients. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 125 mg. of V-Cillin K.

V-Cillin K^{\oplus} (penicillin V potassium, Lilly) V-Cillin K^{\oplus} Sulfa (penicillin V potassium with triple sulfas, Lilly)

FORMULA: Each tablet contains: V-Cillin K, 125 mg. (200,000 units); Sulfadiazine, 0.167 Gm.; Sulfamerazine, 0.167 Gm.; Sulfamethazine, 0.167 Gm.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

Guides suggested by MEDICAL SERVICES

COMMISSION FOR USE BY C.M.A. COUNCIL AND OFFICERS

The Objectives of the California Medical Association are to promote the science and art of medicine and the betterment of public health. The pursuit of these objectives will require an understanding of the social and economic conditions relating to health and medical care.

Persons who are receiving help in meeting medical care costs through thirdparty participation should assume some continuing personal financial responsibility in those costs. At the same time, the C.M.A. recognizes that certain segments of the population are, of necessity, covered by the service concept.

The California Medical Association should institute a suitable continuing educational program to separate and identify in the public mind the cost of physician services from other ancillary costs in the field of health care.

The California Medical Association and each of its constituent county medical societies should actively participate with all interested parties in the regulation, improvement and availability of ancillary services in the field of health care.

Appropriate active and authoritative local committees are the most useful means of avoiding and controlling possible abuses of the insurance mechanisms.

The patient's right freely to select or change his physician should be preserved in the patient's interest, and any interferences or restriction on the patient that is adverse to his welfare should be opposed.

Physicians must have the right to select their method of practice, without coercion, provided they respect legal and ethical rules.

Wherever state or federal law requires the development of methods and fees for the care of individuals by private physicians, it should be the duty of the C.M.A. Council or its authorized representatives to review and advise in the development of such contracts for physicians who choose to participate or whose patients must participate, and award or withhold Council approval.

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Approved by the Council at 445th meeting, February 21-25, San Francisco.

NINTH ANNUAL

REGIONAL POSTGRADUATE INSTITUTE

WEST COAST COUNTIES

Presented by Committee on Postgraduate Activities of the California Medical Association, in cooperation with Monterey, Santa Cruz and San Benito County Medical Societies and Stanford University School of Medicine, Lowell A. Rantz, M.D., Associate Dean and Director of Postgraduate Medical Education.

Golden Bough Theater and La Playa Hotel, Carmel... May 14 and 15

PROGRAM_

THURSDAY, MAY 14, 1959

- 9:00-10:00 a.m.—Useful Measures in Postoperative Care
 —Victor Richards, M.D.
- 10:15-12:00 noon—Two Panel Discussions (you may go to one of your choice):
 - Panel 1: Management of Highway Injuries
 - Panel 2: Medical Diseases of the Kidney

Concurrent Lectures

- 10:15-11:00 a.m.—Use of Radioisotopes in Diagnosis and Treatment—Joseph P. Kriss, M.D.
- 11:10-12:00 noon—Management of Some Common Endocrine Problems—Francis S. Greenspan, M.D.
- 2:00-3:00 p.m.—Hospital Acquired Infection—Lowell A. Rantz, M.D.
- 3:15-5:00 p.m.—Three Panel Discussions (you may go to one of your choice):
 - Panel 1: Hemotological Problems in the First Year of Life
 - Panel 2: Diagnosis and Treatment of Jaundice
 - Panel 3: Endocrine Disorders

Concurrent Lectures

- 3:15-4:00 p.m.—Problems in the Repair of Inguinal Hernia—Roy B. Cohn, M.D.
- 4:10-5:00 p.m.—Enzymes in Diagnosis and Treatment— Laurens P. White, M.D.
- 6:30 p.m.—"No Host" Cocktail Party and Dinner-Dance

FRIDAY, MAY 15, 1959

- 9:00-10:00 a.m.—Poisoning in Childhood—Robert H. Alway, M.D.
- 10:15-12:00 noon—Two Panel Discussions (you may go to one of your choice):
 - Panel 1: Interpretation of Laboratory Results
 - Panel 2: Treatment of Burns

Concurrent Lectures

- 10:15-11:00 a.m.—Clinical Course of Cirrhosis of the Liver—Claude P. Callaway, M.D.
- 11:10-12:00 noon—Care of the Premature Infant—Ruth T. Gross, M.D.
- 2:00-3:00 p.m.—The Role of the Artificial Kidney in Treatment—J. Max Rukes, M.D.
- 3:15-5:00 p.m.—Three Panel Discussions (you may go to one of your choice):
 - Panel 1: Problems in Hematology
 - Panel 2: Hemoptysis, Hematemesis and Melena
 - Panel 3: Diagnosis and Treatment of Common Infections

Concurrent Lectures

- 3:15-4:00 p.m.—Diagnosis and Treatment of Jaundice in the Newborn—Ruth T. Gross, M.D.
- 4:10-5:00 p.m.—Useful Measures in the Treatment of Late Cancer—Victor Richards, M.D.

HOST: Monterey County Medical Society... REGIONAL CHAIRMAN: Chester G. Moore, M.D., 440 E. Romie Lane, Salinas, California... INSTITUTE FEE: \$25.00. For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

POSTGRADUATE

EDUCATION NOTICES

THIS BULLETIN of the dates of postgraduate education programs and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association. In order that they may be listed here, please send communications relating to your future medical or surgical programs to: Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5.

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

- Current Developments in Nutrition (Arrowhead). Friday, Saturday and Sunday. April 24, 25 and 26. Ten hours. Fee: \$50.00 (includes board and room).
- Fetal Electrocardiography. Friday and Saturday, June 5 and 6. Twelve hours. Fee: \$40.00.
- Workshop for Food Service Workers—Equipment Maintenance. Monday and Tuesday, June 15 and 16. Twelve hours. Fee: \$20.00 (includes two lunches).
- Techniques of Hypnosis. Monday, Tuesday and Wednesday morning, June 15, 16 and 17. Fifteen hours. Fee: \$65.00.†
- Advanced Techniques and Application of Hypnosis. Wednesday afternoon and Thursday and Friday, June 17, 18 and 19. Fifteen hours. Fee: \$110.00.
- Office Urology. Wednesday, June 17. Six hours. Fee: \$25.00.
- Surgical Technique Utilizing the Isolated Intestinal Segment in Urological Procedures. Thursday, June 18. Seven hours. Fee: \$150.00.†
- Eighth Annual Symposium in Clinical Laboratory Technology. Saturday and Sunday, June 20 and 21. Twelve hours. Fee: \$20.00 (includes one lunch).
- Dissection of the Thorax, Abdomen and Pelvis. Tuesday and Wednesday, June 23 and 24. Twelve hours.*†
- Dissection of the Extremities. Thursday and Friday, June 25 and 26. Twelve hours.*†
- Hand Surgery. Saturday and Sunday, June 27 and 28. Twelve hours.*
- Infertility. Friday and Saturday, July 24 and 25. Twelve hours.*
- The Impact of Surgery on Anesthesia. Wednesday, Thursday and Friday, August 5, 6 and 7. Eighteen hours. Fee: \$50.00.
- Three Summer Seminars at University of California Residential Conference Center, Lake Arrowhead (all fees at Lake Arrowhead include room and board):
- * Fees to be announced.
- † Limited enrollment.

- Pediatric Cardiology. Sunday through Wednesday, August 16 through 19. Fifteen hours. Fee: \$137.50.† Guest speaker: John Lind, M.D., Stockholm, Sweden.
- Emotional Problems in Office Practice. Wednesday through Sunday, August 19 through 23. Fifteen hours. Fee: \$150.00.†
- Seminars in Internal Medicine. Sunday through Wednesday, August 23 through 26. Fifteen hours. Fee: \$137.50.†
- Clinical Traineeships—Anesthesia and Dermatology.

 Dates by arrangement. Minimum period—two weeks.

 Fee: Two weeks, \$150.00; four weeks, \$250.00.
- Contact: Thomas H. Sternberg, M.D., Assistant Dean for Postgraduate Medical Education, U.C.L.A., Los Angeles 24. BRadshaw 2-8911, Ext. 7114.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

- Nursing in Rehabilitation. Monday to Friday, April 27 through May 15. One hundred and five hours. No fee.
- Ear-Nose-Throat. Friday and Saturday, May 15 and 16. Fourteen hours, Fee: \$40.00.
- Orthopedics (Mt. Zion Hospital). Friday and Saturday, May 15 and 16. Fourteen hours. Fee: \$40.00.
- Practical Aspects in the Management and Treatment of Cardiovascular Disease. Saturday, Sunday and Monday, May 16, 17 and 18. Twenty-one hours.*
- Pediatrics. Wednesday through Saturday, June 17 through 20. Twenty-eight hours.*
- Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes.

 Two or three month course limited to one enrollee per month. Fee: \$350.00.
- Contact: Seymour M. Farber, M.D., Assistant Dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

- Morning Clinical Conferences, each Monday, Room 515. Contact: D. H. Pischel, M.D., Professor, Division of Ophthalmology, Stanford University School of Medicine, 2398 Sacramento St., San Francisco 15.
- Operable Heart Disease. Thursday, Friday and Saturday, April 30, May 1 and 2. Fee: \$40.00.
- Contact: Mrs. Alice Crouch, Postgraduate Secretary, Stanford Medical School, 2398 Sacramento St., San Francisco 15.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

- Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Residents and interns of Los Angeles County, and all armed forces medical personnel admitted without fee. Tuition for all other physicians \$30.00. (Each session all-inclusive.)
- Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by

- mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.
- Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.
- SPECIAL ANNOUNCEMENT: Last summer a postgraduate refresher course held in Hawaii was so successful that the USC School of Medicine will offer another refresher course in Hawaii and on board the S.S. Lurline from July 29 to August 14. (As a time and money saver, round trip air travel is also possible July 29 to August 10.)
- Intensive Review of Internal Medicine. Monday through Friday, September 21 through October 2. 9 to 12:30 a.m.*
- Alumni Homecoming Course. Recent Advances in Medicine. Thursday and Friday, November 5 and 6. Fee: \$50.00.
- Contact: Phil R. Manning, M.D., Associate Dean and Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

- GENERAL SURGERY AND SURGICAL SPECIAL-TIES. Full-Time Basic Science Course. Accredited by the American Board of Surgery.
- Surgical Anatomy—Head and Neck (14 periods, 63 hours), April 22 through June 3. Tuition: \$75.00.
- Surgical Anatomy—Head and Neck (12 periods, 24 hours), April 22 through June 3. Tuition: \$35.00.
- Each Six Months. Anesthesiology (6 months, fulltime). Vacancy occurs each six months. Limited to 2 students. Tuition: \$350.00.
- For information contact: G. E. Norwood, M.D., assistant dean and chairman, Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE COURSES

POSTGRADUATE INSTITUTES

- SOUTHERN COUNTIES in cooperation with University of California, San Francisco, April 23 and 24, Disneyland. DYNAMIC CONCEPTS IN MEDICINE—A TWO-DAY SYMPOSIUM ON THE PSYCHOLOGICAL FACTORS IN MEDICAL PRACTICE. Chairman: E. F. Cain, M.D., 200 N. Palm, Anaheim.
- West Coast Counties in cooperation with Stanford University School of Medicine, May 14 and 15, La Playa Hotel and Golden Bough Theater, Carmel. Chairman: Chester G. Moore, M.D., 440 E. Romie Lane, Salinas.
- NORTH COAST COUNTIES in cooperation with UCLA School of Medicine, June 5 and 6, Hoberg's Ranch, Lake County. Chairman: Lee Zieber, M.D., 1177 Montgomery Dr., Santa Rosa.
- SACRAMENTO VALLEY COUNTIES in cooperation with University of Southern California School of Medicine, June 25 and 26, Tahoe Tavern, Lake Tahoe. Chairman: Robert H. Quillinan, M.D., 616 Alhambra Blvd., Sacramento.

- AUDIO DICEST FOUNDATION, a nonprofit subsidiary of the C.M.A., now offers (on a subscription basis) a series of hour-long tape recordings designed to keep the physician abreast of current happenings in his particular field. Composed of practice-useful abstracts from 600 leading journals, with short lectures and editorial comments from prominent physicians, Audio Digest offers programs covering general practice, surgery, internal medicine, obstetrics and gynecology, and pediatrics.
- AUDIO-DICEST plans to begin a new series of programs covering the specialty of Anesthesiology. The first of these will be issued early this year. Those wishing to be charter subscribers to this tape-recorded review of what is new and important in the field of Anesthesiology should write to Mr. Claron L. Oakley, Editor, 1919 Wilshire Boulevard, Los Angeles 57, HUbbard 3-3451, for order form and further information.
- Contact: Claron L. Oakley, editor, 1919 Wilshire Blvd., Los Angeles 57.

Medical Dates Bulletin

APRIL MEETINGS

- Palo Alto Medical Clinic Second Annual Medical Symposia: Cardiology and Immunology, April 18, 8:30 a.m., Clinic Auditorium. Contact: John F. Weigen, M.D., program chairman, Palo Alto Medical Clinic, Palo Alto, Calif.
- Bakersfield Surgical Society Meeting, April 18, 8:30 p.m. Contact: Chas. P. Marvin, M.D., 2628 G Street, Bakersfield.
- AMERICAN SOCIETY OF INTERNAL MEDICINE 3rd Annual Meeting. April 19, Conrad Hilton Hotel, Chicago. Contact: Clyde C. Greene, Jr., M.D., assistant secretary-treasurer, 350 Post Street, San Francisco 8.
- AMERICAN ASSOCIATION FOR THORACIC SURGERY. April 21 through 23, Statler Hotel, Los Angeles. Contact: Hiram T. Langston, M.D., secretary, 7730 Carondelet Avenue, St. Louis 5, Missouri.
- SIXTH ANNUAL FORT MILEY MEDICAL CLINICS AND SYMPOSIA, sponsored by San Francisco Academy of General Practice in cooperation with faculties of Stanford and U. C. Schools of Medicine, April 21 through May 26, Fort Miley Veterans Administration Hospital, 42nd Avenue and Clement Street, San Francisco. 8 p.m. each Tuesday, ending May 26, 1959. Registration fee: Members \$15.00; nonmembers \$20.00 Contact: Robert W. Wolf, M.D., chairman, 760 Market Street, San Francisco 2.
- HAWAII MEDICAL ASSOCIATION Annual Meeting, April 23 through 25, Hilo. *Contact:* Miss Lee McCaslin, executive secretary, 510 S. Beretania Street, Honolulu 13.
- CALIFORNIA MEDICAL ASSOCIATION RURAL HEALTH CONFERENCE. April 24 and 25, Hacienda Hotel, Fresno. Contact: Robert Marvin, C.M.A., 450 Sutter Street, San Francisco 8.
- Aero Medical Association. April 27 through 29, Hotel Statler, Los Angeles. *Contact:* Thomas H. Sutherland, M.D., secretary, P. O. Box 26, Marion, Ohio.

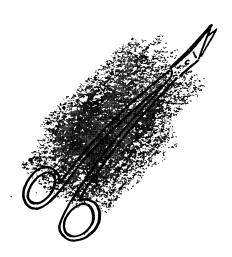
MAY MEETINGS

- PACIFIC COAST SOCIETY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY Meeting. May 3 through 8, Riviera Hotel, Las Vegas, Nevada. *Contact*: Walter P. Work, M.D., secretary, 384 Post Street, San Francisco.
- Los Angeles County Heart Association Annual Membership Meeting, May 6, 12 noon, Statler Hotel. Contact: C. A. Alexander, executive director, 660 S. Western Avenue, Los Angeles 5.
- THE NEVADA ACADEMY OF GENERAL PRACTICE Annual Meeting, May 21 through 23, Riverside Hotel, Reno. Program by University of Southern California School of Medicine. *Contact:* Roy M. Peters, M.D., chairman, 475 S. Arlington Avenue, Reno, Nevada.
- California Heart Association Annual Meeting, May 22 through May 24, 1959. Scientific Session and Directors Meeting, Lafayette Hotel, Long Beach. Contact: J. Keith Thwaites, executive director, 1428 Bush Street, San Francisco 9.

SUMMER AND FALL MEETINGS

- WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIATION Annual Meeting. June 2 through 5, Sheraton-Palace Hotel, San Francisco. Contact: Mrs. L. Amy Darter, secretary-treasurer, 2151 Berkeley Way, Berkeley 4.
- NEVADA STATE MEDICAL ASSOCIATION, Annual Session, jointly with Reno Surgical Society, August 19 through 22, Mapes Hotel, Reno. *Contact:* Nelson B. Neff, executive secretary, P. O. Box 188, Reno.
- SAINT JOHN'S HOSPITAL Postgraduate Assembly, September 10 through 12, Saint John's Hospital, Santa Monica. Contact: John C. Eagan, M.D., director, Postgraduate Assembly, 1328 22nd Street, Santa Monica.

- Washington State Medical Association Annual Meeting, September 13 through 16, Olympic Hotel, Seattle, Washington. *Contact:* Ralph W. Neill, executive secretary, 1309 Seventh Avenue, Seattle, Washington.
- OREGON STATE MEDICAL SOCIETY Annual Meeting, September 23 through 25, Medford, Oregon. Contact: Mr. Roscoe K. Miller, executive secretary, 1115 S.W. Taylor St., Portland 5, Oregon.
- SAN FRANCISCO HEART ASSOCIATION 29th Annual Postgraduate Symposium on Heart Disease. September 30, October 1 and 2, 9 a.m. to 5 p.m. daily, St. Francis Hotel, San Francisco. Contact: Lawrence I. Kramer, Jr., executive director, 259 Geary Street, San Francisco 2. YUkon 2-5753.
- WESTERN INDUSTRIAL MEDICAL ASSOCIATION, INC. 18th Annual Meeting, held in conjunction with Third Western Industrial Health Conference, all day October 2 and 3, Statler Hotel, Los Angeles. Contact: A. C. Remington, M.D., medical director, AiResearch Mfg. Co., 9851 Sepulveda Blvd., Los Angeles 45.
- California Society of Internal Medicine Annual Meeting, October 2 through 4, Miramar Hotel, Santa Barbara. Contact: Mrs. Mildred B. Coleman, executive secretary, or Clyde C. Greene, Jr., M.D., secretary-treasurer, 350 Post Street, San Francisco 8.
- California League for Nursing Annual Meeting, October 8 through October 10, U. S. Grant Hotel, San Diego. *Contact:* Ruth I. Jorgensen, general director, Room 202, 465 Post St., San Francisco 2.
- AMERICAN ACADEMY FOR CEREBRAL PALSY Annual Meeting, November 30 through December 2, Statler Hotel, Los Angeles. *Contact:* Margaret H. Jones, M.D., local arrangements chairman, associate professor of pediatrics, UCLA School of Medicine, Los Angeles 24.





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Eat more...
Feel better...
Recover faster

Compared to control patients, those receiving Nilevar (brand of norethandrolone) have repeatedly demonstrated more rapid and more complete recovery from serious acute illness and increased comfort and wellbeing in chronic illness.

A multitude of case histories are now adding individual clinical color to the earlier controlled investigations which defined the actions of Nilevar as an effective aid in reversing negative nitrogen balance and in building protein tissue.

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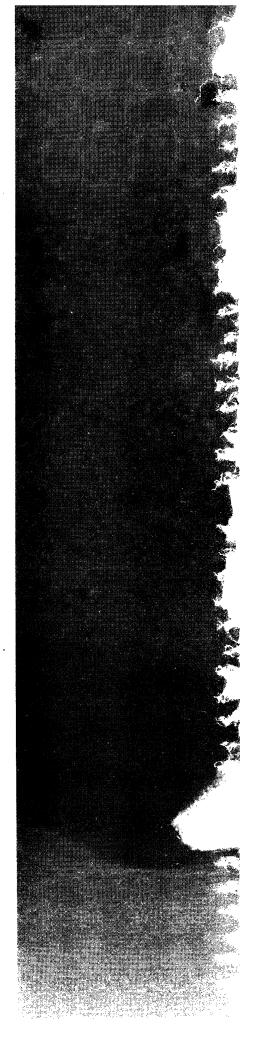
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Triva's "Chelating Agent" Intensifies Organism Disintegration Comparative newcomers to the field of therapeutics...are the Chelating Agents. Though effective in minute quantities and non-toxic, these agents combine with calcium, phosphorus and other metallic ions to form stable, extractable compounds. / Triva's Chelating Agent* attacks the metallic ions in the cell walls of vaginitis organisms...rendering them more susceptible to the germicidal activity of Triva's surface active agents. / Within seconds after her first douche, your vaginitis patient gets relief from intense itching, burning and other symptoms. Within 12 days, most cases of trichomonal and non-specific vaginitis are rendered organism-free (Monilia genus may require longer treatment). / Administration: Douche, b.i.d., for 12 days. Supplied: Package of 24 individual 3 Gm. packets. Composition: 35% Alkyl Aryl sulfonate (wetting agent and detergent); 5% Di-sodium ethylene bis-iminodiacetate (chelating agent); 53% Sodium sulfate; 2% Oxyquinoline sulfate; 9.5% dispersant. / *Di-sodium ethylene bis-iminodiacetate.

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major breakthrough in vaginitis treatment Now, relief within seconds!

UNIQUE VITAMIN SUPPLEMENT

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SQUIBB MULTIPLE VITAMIN SOFT TABLETS

fruit-punch flavored tablets that will actually "melt in the mouth"



can be chewed like candy



can be crushed and sprinkled on cereal or other food



can be dissolved in water, juice or milk



can be sucked and will dissolve like a lozenge



can be easily swallowed (small tablet size)

VIGRAN CHEWABLES taste like candy, but contain no ingredients harmful to teeth.

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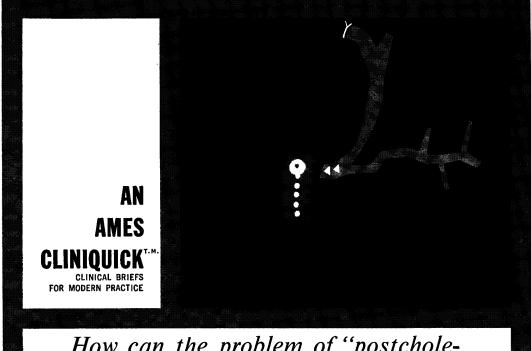
Vitamin A	5,000 U.S.P. units
Vitamin D	1,000 U.S.P. units
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Vitamin B ₁	3 mg.
Vitamin B ₂	3 mg.
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How can the problem of "postchole-cystectomy syndrome" be reduced?

A "routine" operative cholangiogram is now recommended in addition to thorough surgical exploration, reducing the number of cholecystectomized patients later presenting the same symptoms as before the operation.

Source: Vazquez, S. G.: J. Internat. Coll. Surgeons 28:394, 1957.

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One Geralin capsule contains: Vitamin A, 5,000 U.S.P. Units; Vitamin D, 500 U.S.P. Units; Thiamine Mononitrate, 5 mg.; Riboflavin, 2.5 mg.; Niacin, 15 mg.; Ascorbic Acid, 50 mg.; Pyridoxine HCl, .5 mg.; Calcium Pantothenate, 5 mg.; Folic Acid, .1 mg.; Vitamin E (from d-alpha Tocopheryl Acetate Conc.), 5 I.U.; Vitamin B₁₂, 2 mcg.; Intrinsic Factor Conc. (with Vitamin B₁₂), .1 Unit; Calcium (as CaHPO₄), 135 mg.; Phosphorus (as CaHPO₄), 105 mg.; Iron (as FeSO₄), 10 mg.; Cobalt (as CoSO₄), .05 mg.; Copper (as CuSO₄), .1 mg.; Zinc (as ZnSO₄), .1 mg.; Manganese (as MnSO₄), .1 mg.; Molybdenum (as Na₂MoO₄), .1 mg.; Magnesium (as MgSO₄), .25 mg.; Potassium (as K₂SO₄), 5 mg.; Iodine (as KI), .2 mg.; Fluorine (as NaF), .025 mg.; Choline Bitartrate, .50 mg.; Inositol, 12.5 mg.; Liver, whole, desic., 12.5 mg.; l-Glutamic Acid, 50 mg.; l-Lysine, 25 mg.; Citrus Bioflavonoids Complex, 25 mg.

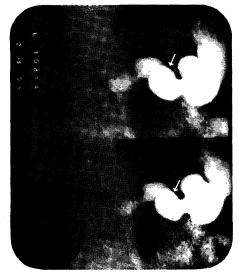
use XYLOCAINE first... as a local anesthetic or a topical anesthetic



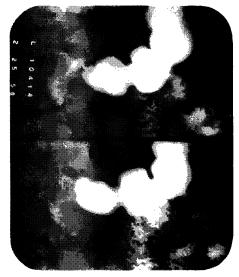
relieve the tension



-and control its G.I. sequelae



Patient A.S., age 53.
Intermittent crises of severe pain over 2 year period; hospital management with Sippy regimen provided relief of symptoms; however, symptoms recurred after each sojourn.



PATHIBAMATE (Tabs. jt.i.d. and H.S.); prompt relief of symptoms. Radiograph (21 days later) confirms healing of minute lesser curvature gastric ulcer crater.

predictable results in the control

of tension and G.I. trauma

Pathibamate

Used prophylactically in anticipation of periods of emotional stress, or therapeutically to relieve tension and curb hypermotility and hypersecretion, PATHIBAMATE is particularly well-formulated for the control of gastrointestinal disorders.

PATHIBAMATE combines Meprobamate (400 mg.) – the noted tranquilizer-muscle relaxant widely accepted for safe management of tension and anxiety states – and PATHILON (25 mg.) – an extremely well-tolerated anticholinergic, long noted for prompt symptomatic relief based on peripheral atropine-like action with few side effects.

Indications:

Duodenal ulcer, gastric ulcer, intestinal colic, spastic and irritable colon, ileitis, esophageal spasm, anxiety neurosis with gastrointestinal symptoms, gastric hypermotility.

Supplied:

Bottles of 100 and 1,000. Each tablet (yellow, ½-scored) contains Meprobamate, 400 mg.; Pathilon Tridihexethyl Chloride, 25 mg. Administration and Dosage:

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*PATHILON is now offered as tridihexethyl chloride instead of the iodide, an advantage permitting wider use, since the latter could interfere with the results of certain thyroid function tests.



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(Continued from Front Advertising Section, Page 24)

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ACTIVE ORTHOPEDIC PRACTICE. Annual gross \$50,000. Low rental. Office fully equipped. 200 M.A. X-ray, Physiotherapy apparatus. Located on Wishire Boulevard, modern office building. Owner moving out of town. Ready for immediate sale and occupancy. Box 94,765, California Medicine.

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OFFICE SPACE in Southern California's fastest growing community.
Completely equipped general practitioner's office suite; furniture, instruments, X-ray, physiotherapy, and laboratory with technician. Two-suite building, sharing space with well-established practicing physician. Excellent residential individual building, ground floor location. Contact John J. McCarthy, M.D., 3130 Union Avenue, Bakersfield, California. Telephone FAirview 2-8638.

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FIFTH ANNUAL
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CONFERENCE ON
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April 24-25, 1959



offers four beneficial effects

- 1. relieves anxiety, tension and related depression
- 2. exerts a unique alerting effect in many patients
- 3. dispels preoccupation with emotionally induced symptoms such as headache, g.i. disturbances and non-specific musculoskeletal pain
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Available: Tablets, 5 mg., 10 mg. and 25 mg.; Spansule® sustained release capsules, 10 mg., 15 mg., 30 mg. and 75 mg.; Ampuls, 2 cc. (5 mg./cc.); Multiple dose vials, 10 cc. (5 mg./cc.); Syrup, 5 mg. per 5 cc. teaspoonful; Suppositories, 5 mg. and 25 mg.

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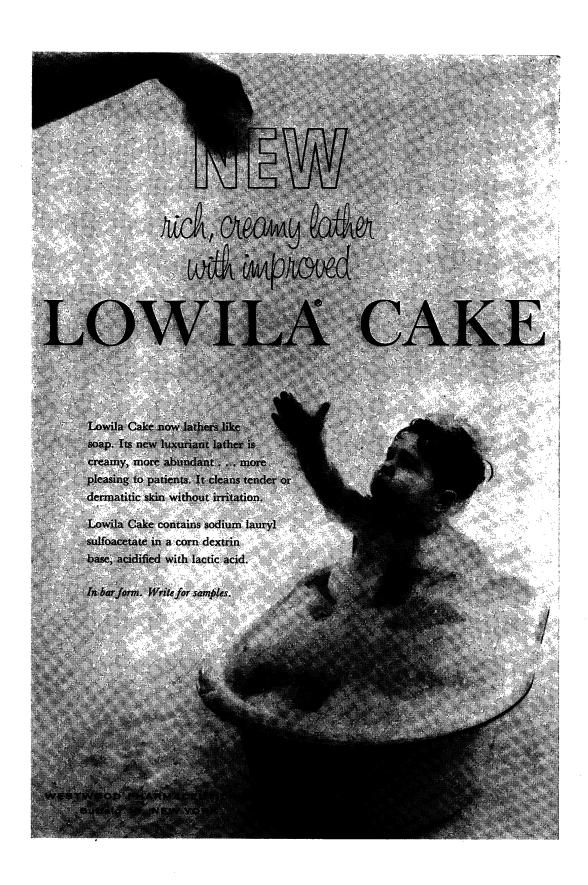




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BAXTER





to prevent the sequelae of u.r.i. ... and relieve the symptom complex

Pneumonitis, otitis, tonsillitis, adenitis, sinusitis or bronchitis develops as a serious bacterial complication in about one in eight cases of acute upper respiratory infection.1

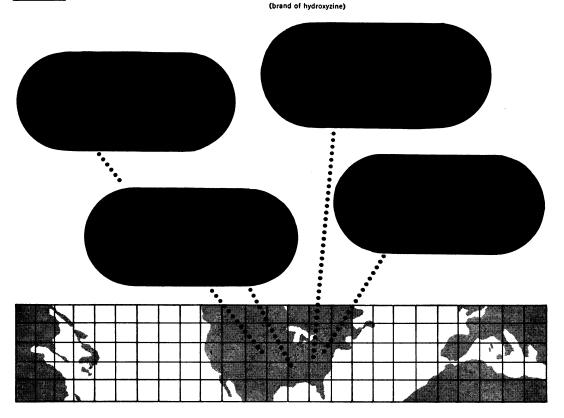
Usual dosage: 2 tablets or teaspoonfuls q.i.d. (equiv. 1 Gm. tetracycline). Each TABLET contains: ACHROMYCIN® Tetracycline (125 mg.); phenacetin (120 mg.); caffeine (30 mg.); salicylamide (150 mg.); chlorothen citrate (25 mg.). Also as (125 mg.); phenacetin (120 mg.); caffeine salicylamide (150 mg.); chlorothen citrate SYRUP (lemon-lime flavored), caffeine-free.



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For childhood behavior disorders	10 mg. tablets Syrup	3-6 years, one tablet t.i.d. over 6 years, two tablets t.i.d. 3-6 years, one tsp. t.i.d. over 6 years, two tsp. t.i.d.	
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For adult psychiatric and emotional emergencies	Parenteral Solution	25-50 mg. (1-2 cc.) intramus- cularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.	

Supplied: Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

References: 1. Smigel, J. O., et al.: J. Am. Ger. Soc., in press. 2. Freedman, A. M.: Pediat. Clin. North America 5:573 (Aug.) 1958. 3. Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957. 4. Menger, H. C.: New York J. Med. 58:1684 (May 15) 1958. 5. Coirault, M., et al.: Presse méd. 64:2239 (Dec. 26) 1956. 6.Bayart, J.: Presented at the International Congress of Pediatrics, Copenhagen, Denmark, July 22-27, 1956.

SYRUP 10 mg. per 5 cc.

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in angina pectoris...adaptable prophylaxis

patient: Mary M. (homemaker) problem: Anginal attacks and low exercise tolerance left her with chores undone, family relationships disrupted.

solution: Peritrate (20 mg.) substantially reduced attacks, improved exercise tolerance. Peritrate with Nitroglycerin, p.r.n., takes care of occasional "anginal breakthrough," relieves the acute attack, and provides additional Peritrate for increased protection.

patient: Sam L. (salesman)

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solution: Peritrate (20 mg.) q.i.d. reduced the number and severity of attacks and the need for nitroglycerin. In special stress situations, he carries sublingual Peritrate with Nitroglycerin to relieve the acute attack and provide additional Peritrate for more protection.

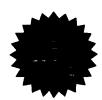
patient: Adam J. (lawyer)

problem: Fear of attacks was forcing him into semi-retirement.

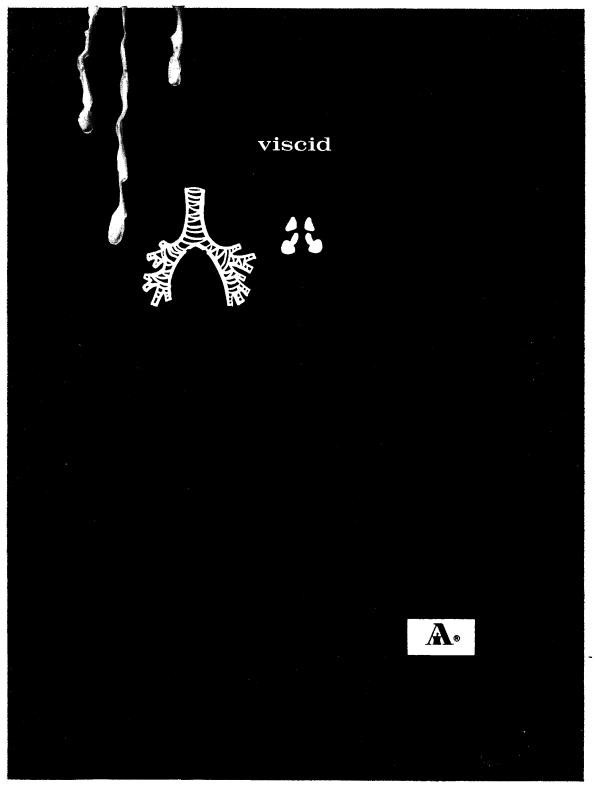
solution: Peritrate (20 mg.) all but eliminated attacks, restored faith in ability to work without serious consequences. Patient carries Peritrate with Nitroglycerin as companion therapy for stress situations: Trial days, irate clients, prolonged proceedings.



Peritrate (brand of pentaerythritol tetranitrate)



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as they avored pediatric drops Tetracycline with Citric Acid Lederle broad spectrum control of more than 90 per cent of antibioticsusceptible infections seen in general practice, · fast, high concentrations in body fluids and tissues no irreversible side effects reported, excellently tolerated readily miscible in water, juices, formula. ACHROMYCIN V: 10 cc. plastic dropper bottle for precise dosage; 100 mg. per cc. (20 drops). Dosage: one drop per pound body weight per day.

ACHROMYCIN V Syrup: Each teaspoonful (5cc.) contains equiv. 125 mg. tetracycline HCl. Bottles of 2 and 16 fl. oz. Dosage: at 45 lbs., one teaspoonful 4 times daily; adjust for other weights. 1. Based on six-month National Physicians Survey. LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



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(d-Pantothenyl Alcohol, Warren-Teed)

Clinical studies and hundreds of individual case histories, convincingly attest the effectiveness of ILOPAN against postoperative intestinal distention — even paralytic ileus. Surgical stress appears to increase pantothenic acid requirements. Ilopan provides additional pantothenic acid to restore normal peristalsis — often dramatically. ILOPAN is safe — can be routinely administered intramuscularly by the nurse — can't produce more than normal peristalsis — isn't contraindicated even under conditions of mechanical bowel obstructions.

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Until you provide GREATER RELIEF with longer-acting*

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*A single dose provides relief for as long as 12 hours.

Novahistine LP† combines the action of a quick-acting sympathomimetic with an antihistaminic drug for a greater decongestive effect.

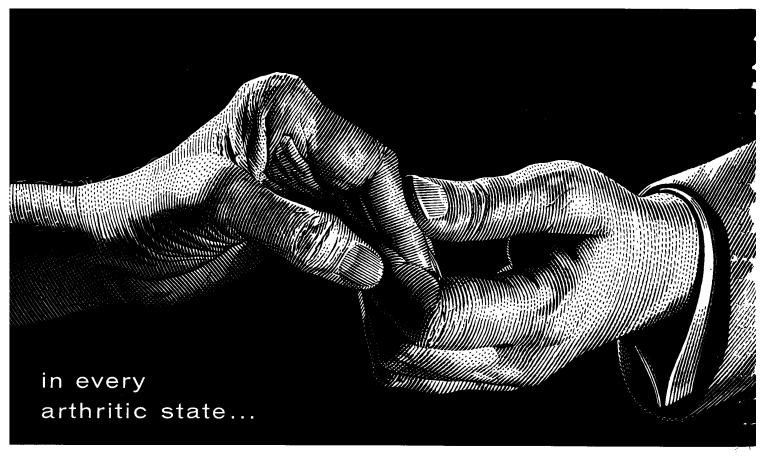
Each LP tablet contains:

Phenylephrine hydrochloride...... 20 mg. Chlorprophenpyridamine maleate. 4 mg. Supplied in bottles of 50 and 250 tablets.

Usual dose: Two tablets, morning and evening. For mild cases (and children), 1 tablet. Occasional patients may require a third daily dose, which can be safely given.

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maintenance therapy is still fundamental treatment

Sound, conservative therapy with salicylates has been consistently reaffirmed as basic, long-term maintenance therapy in the arthritides. 1.2.3.

Buffered Pabirin provides superior maintenance therapy. It epitomizes fundamental long-term basic therapy since it can be given month after month without serious complications and with minimal problems to patient and doctor alike.

Buffered Pabirin is formulated to provide high and sustained salicylate blood levels. Each tablet consists of an outer layer containing a buffer (aluminum hydroxide), para-aminobenzoic acid, and ascorbic acid; a core of acetylsalicylic acid. In the stomach, the outer layer quickly releases the buffer, which protects against nausea, dyspepsia and other gastrointestinal symptoms so frequently encountered with salicylates alone. The core of Buffered Pabirin then disintegrates rapidly, permitting rapid absorption of the acetylsalicylic acid for faster pain relief.

References: 1. Hart, D.; Bagnall, A. W.; Bunim, J. J., and Polley, F. H.: Ninth International Congress on Rheumatic Diseases, Toronto, Ont. (June 25) 1957. 2. Report of Joint Committee, Medical Research Council & Nuffield Foundation, Treatment of Rheumatoid Arthritis, British Medical Journal (April 13) 1957. 3. Friend, D. G.: New England J. Med. 257:278 (Aug.) 1957.

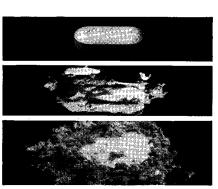
Buffered Pabirin® Tablets

Each tablet contains:

Acetylsalicylic acid (5 gr.)	300 mg.
Para-aminobenzoic acid (5 gr.)	300 mg.
Ascorbic acid	
Dried aluminum hydroxide gel	100 mg.

All Buffered Pabirin is sodium- and potassium-free.

Dosage: Two or three tablets 3 or 4 times daily.



Photographs show 2-stage Tandem Release disintegration.

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CHOLESTEROL CONTROL

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Saffola Safflower Oil, 94% unsaturated, can be used just as any other commercial vegetable oil ... for cooking, baking or on salads and vegetables ... but with this one healthy difference: Saffola Safflower Oil supplies the nutritional need for essential unsaturated fatty acids, and contains more linoleic acid per calorie than any other vegetable oil. 40 to 80 grams of Saffola Safflower Oil per day is sufficient to check, and in some instances decrease blood cholesterol levels over a 1 to 4 week period.

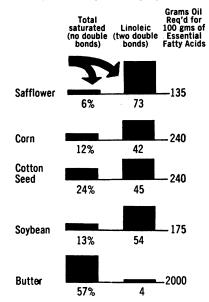
Fatty Acid Analysis (94% of total weight)
73% linoleic acid
21% oleic acid
6% saturated fatty acid
1 gram linoleic acid per 1.45 grams Saffola
9 calories per gram
(1 tablespoon contains 14 grams)

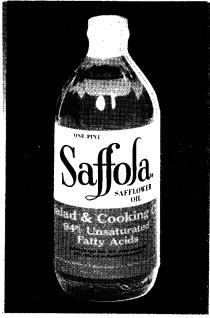
Saffola Oil is available at grocery stores. If local grocers do not now carry Saffola, your patient may have his grocer contact Safflower Products Corp., 2107 Union Street, San Francisco, or 1340 E. 6th Street, Los Angeles.



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(Values in percentages)







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For complete details on TRILAFON consult Schering literature.

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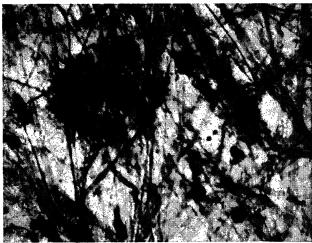


Aristogesic combines the *anti-inflammatory* effects of Aristocort* Triamcinolone with the *analgesic* action of a most potent salicylate. This means that the dosage of each is *substantially lower* than that ordinarily required for each agent alone. With Aristogesic the physician has exceptionally wide latitude in adjusting the dosage to the lowest effective level.

The possibility of gastric distress from either salicylamide or corticosteroid is minimized because of lower dosage required. This is further reduced by the buffer action of aluminum hydroxide. And the ascorbic acid helps meet the increased need for this vitamin in stress conditions. Because of the low dosage, side effects with Aristogesic have been relatively infrequent and minor in nature. However, more serious side effects have traditionally been observed on all corticosteroid therapy. Patients on long-term Aristogesic therapy should, therefore, be observed carefully.



for relief of chronic-but less severe pain of rheumatic origin



Indications: Mild cases of rheumatoid arthritis, tenosynovitis, synovitis, bursitis, mild spondylitis, myositis, fibrositis, neuritis and certain muscular strains.

Dosage: Average initial dosage: 2 capsules 3 or 4 times daily. Maintenance dosage to be adjusted according to response.

Each Aristogesic Capsule contains: ARISTOCORT® Triamcinolone

Supply: Bottles of 100.

Collagen tissue (x250)

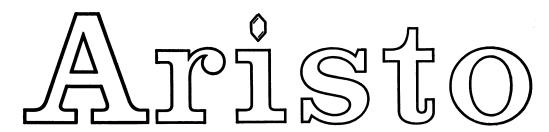
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ARISTOCORT CREAM is highly effective on application of only very small quantities to affected areas. This new form of ARISTOCORT is more potent than conventional corticosteroids (studies show it to have 10 times the potency of hydrocortisone). Yet ARISTOCORT CREAM does not cause sodium and water retention, rarely causes sensitization or irritation, and is cosmetically acceptable.



PATIENTS PREFER ARISTOCORT CREAM

Blau and Kanof found that of 21 patients with pruritic dermatoses treated with ARISTOCORT CREAM, 19 showed "good" to "marked" improvement. In paired comparison studies, 7 of 11 patients responded better to ARISTOCORT CREAM 0.1% than to hydrocortisone cream 1%, while 4 showed equal improvement with these two preparations. There was no primary irritation or allergic sensitization with ARISTOCORT CREAM.

Orentreich² made a double-blind study of 71 patients with a variety of dermatoses treated with aristocort cream 0.1% and 1% hydrocortisone acetate cream. Twenty-eight per cent of the patients preferred aristocort cream to the hydrocortisone cream, 68% found both creams equally effective, while only 4% preferred hydrocortisone.

Callaway³, in a comparison study of 62 patients with various dermatoses treated with ARISTOCORT CREAM and hydrocortisone, concluded that ARISTOCORT CREAM 0.1% is as effective as 1% hydrocortisone in comparable conditions. "In no instance have we seen any evidence of sensitization develop and in no patient has there been any evidence of primary irritation." He describes ARISTOCORT CREAM as "a welcome addition to our dermatological armamentarium."

Robinson also reported that 0.1% triamcinclone acetonide in a water-miscible base was at least as effective as 1% hydrocortisone in an identical base. He found it significant that of 40 patients in this comparison study, 12 preferred triamcinclone acetonide to hydrocortisone while only 3 preferred hydrocortisone.

Indications: atopic dermatitis, eczematous dermatitis, nummular eczema, contact dermatitis, pruritus vulvae and ani, generalized erythrodermia, external otitis, seborrheic dermatitis, eczematized psoriasis, neurodermatitis, eczematized mycotic dermatitis.

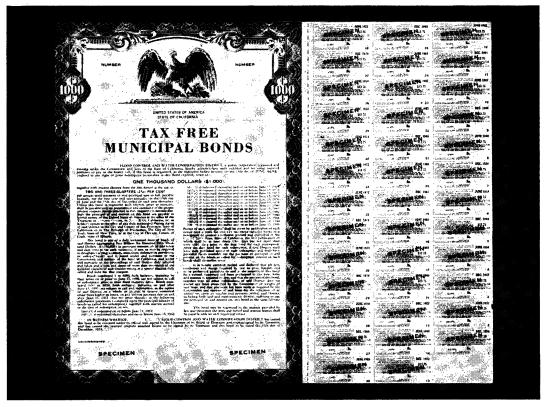
Dosage: ARISTOCORT CREAM should be applied in small quantities to the affected areas three or four times daily.

ARISTOCORT CREAM contains: Triamcinolone acetonide 0.1% as the active ingredient; 0.16% methylparaben and 0.04% propylparaben as preservatives; and, in a water base, glyceryl monostearate, squalene, polysorbate 80, spermaceti, stearyl alcohol and sorbitol.

Supply: 5 Gm. and 15 Gm. tubes.

References: 1. Blau, S., and Kanof, N. B.: Clinical Report, cited by permission. 2. Orentreich, N.: Clinical Report, cited by permission. 3. Callaway, J. L.: Clinical Report, cited by permission. 4. Robinson, R. C. V.: Bull. School Med. Univ. Maryland, 43:54, July, 1958.

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REFERENCES

- 1. Gaillard, G. E.: New York J. Med. 56:14, 1956.
- 2. Passenger, R. E., Spain, W. C. and Strauss, M. B.: J. Allergy 27: 409-423, 1956.
- 3. Fontana, V. J.: GP 10:47, 1954.
- 4. Gaillard, G. E.: J. Allergy 21:55, 1950.
- 5. Strauss, M. B. and Spain, W. C.: J. Allergy 17: 1-10, 1946.
- 6. Neidorff, H. A.: Personal Communication.

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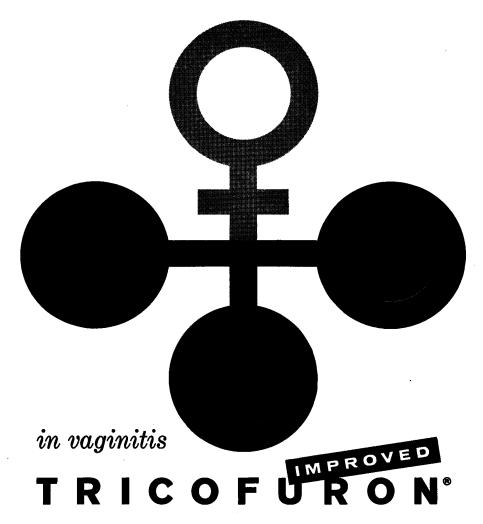
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REFERENCES: 1. Adams, J.: Advantages of combined tetracycline-oleandomycin therapy in common infections, J. Tennessee M. Assoc. 50:446 (Nov.) 1957. 2. Anderson, B.: Pulmonary abscess cured with antibiotics, Opuscula Medica, 2:8 (Oct.) 1957, 3. Andlo, V. J., and Gerschenfeld (Nov.) 1957. 2. Anderson, B.: Pulmonary abscess cured with antibiotics, Opuscula Medica, 2:8 (Oct.) 1957, 3. Andlo, V. J., and Gerschenfeld (Nov.) 1957. 2. Anderson, B.: Pulmonary abscess cured with antibiotics, Opuscula Medica, 2:8 (Oct.) 1957, 3. Andlo, V. J., and Gerschenfeld (Nov.) 1958. 1. Articol. G. C.: Tetracycline-oleandomycin treatment of acute respiratory disease in childhood, paper read at Sixth Annual Symposium on Antibiotics, Washington, D. C., October 1958, to be published. 2. Articolin, G. Grignani, G. C., and Varesi, M.: A new antibiotic association in of a new antibiotic preparation, Supermycin, in skin conditions of infections (propenous) origin, Minerva med. 45:269 (Ada. 125) 1957, 7. Bergudah, U.: Clinical experiences with a so-called double-spectrum antibiotic. Signemycin, Nennschame, 45:269 (Ada. 125) 1957, 7. Bergudah, U.: Clinical experiences with a so-called double-spectrum antibiotic. Signemycin, Nennschame, 45:269 (Ada. 125) 1957, 126. Clinical experiences with a so-called double-spectrum antibiotic. Signemycin, Nennschame, 45:269 (Ada. 125) 1957, 18. Blunding, 2007,

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1956-57. New York. Medical Encyclopedia, Inc., 1937, p. 63. 58. McCloud, L. C.; Shidal, W., and Mulligan, J. L.: Clinical observations on infections treated with a combination of tetracycline and oleandomycin, to be published. 39. McFadden, H. W., and Schelhart, D.: Comparison of the Invose sensitivity of micrococci to oleandomycin tetracycline and a combination of locandomycin and tetracycline and 1957-1988, New mycin, University of Fadua. Minerva chrurgica J3:535 (May 13) 1958. 61. Medina Morales, F.: The combination of tetracycline-oleandomycin (Signenycin) in the postoperative treatment of three cases of pulmonary resceiton, Medicina, Mex. 800:347, 1958. 62. Mehra, B. K.: Combating the resistant staphylococci, Current Med. Pract. 17:326-318 (May) 1957. 63. Mendiola, R.: Narano, R., and Brisson, F.: New contributions to Universidad Nacional Mayor de San Marcos, Facultad de Medicina, Lima, Peru. 1957. 63. Mendiola, R.: Narano, R., and Brisson, F.: New contributions to Universidad Nacional Mayor de San Marcos, Facultad de Medicina, Lima, Peru. 1957. 63. Mogain, G.: Preliminary results of a new antibotic association in obstetrics and genecology, Minerva med. 48:2648 (Aug. 23) 1958. 66. Molinelli, E. A.; Vera Barros, E., and Inhurralde, D.: Tetrachical Carlonium of the Inhural Directions on una mount associatione dil antibotic (tetracicina) del candomicina) in terapia dermatologica, Dermatologia 9:3, 1958. 68. Morador, J. L., and Morador, S.: Cause, prevention and treatment of staphylococcal infection in hospitals, paper read at Sixth Annual Symposium on Antibiotics, Washington, D. C., Oct. 1958, to be published. 69. Morador, J. L., and Tate, L. S.: The treatment of anoretical infection in hospitals, paper read at Sixth Annual Symposium on Antibiotics, Washington, D. C., Oct. 1958, to be published. 69. Morador, J. L., and Tate, L. S.: The treatment of anoretical infections with Signenycin, An. Action of the Annual Symposium on Antibiotics, Washington, D. P., 2007, 1909. 1909. 1909. 1909. 1909. 1909. 1909. 1909.

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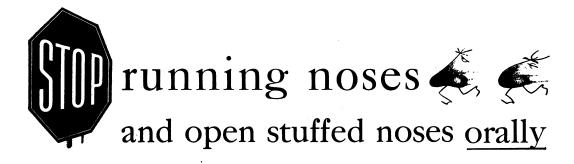
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